Claim and Order for Payment for Court Appointed Mediators Services under Special Authorization of the Galveston County Mediation Board

	To: Galveston County, Texas Style of Suit:			cas	Date of Mediation:(Filed on before 30 Days from Date of Mediation)				
					Case Number:				
			<u>Ca</u>	se Type: (ML	IST BE CH	ECKED)			
	CPS CASE – M	1AX \$800		2 -TEMP ORD) \$400	ER POST C	OVID MAX		2- HOUR TEMP ORDER MUST BE REMOTE(COVID EMER.DECL) MAX \$400	
	TEMP ORDER MSA	R RESULT IN FINAL		FINAL ORDE \$800 – AMT I				3-HOUR TEMP ORDER MUST BE REMOTE (COVID EMER DECL – PRE DEC 1, 2020) (MAX \$600)	
				<u>Media</u>	tor's Certi	fication			
		specified date. I furthe I w sub I me I me	er certify as the stitute. Ediated partie	y:	ed mediator County or ved for subsi	or the appoint ia Remote Vid dized mediatio	ted m leo on (if i		
			orrect; ocordar of Civi and all	I Practice and funds received es.	Remedies (Code, Chapter on services by	· 154;		
	-	[1 to 4] X	X \$200	- (_)[Money r	eceived] = \$			
		\$200 P	ER HC	UR, NOT TO I	EXCEED \$	800 FOR FINA	AL ME	EDIATION	
	By:	ator Name			Signed:	Andiator Signa	turo		
	Address: _	Number and Street			City and S	tate		Zip Code	
	Email addr	ess:							
	EIN or Tax	EIN or Taxpayer ID:				Tel:			
			<u>A</u>	pproval and (Order for P	ayment to Me	ediate	<u>or</u>	
) i 1	as set forth above be procedures for compe s further ORDERED	cause nsatior that ay to th	it complies wing for mediation within 30 day ne Mediator, the	th the Galv services pr ys, Galves e Mediator'	eston County ovided in a sui ton County,	Medi it pen Texa	requested Claim Amount iation Board's rules and iding before this Court. It s, its auditor or other Amount from Galveston	
	;	SIGNED this	da	y of		20	<u>-</u>		
					Ē	residing Judge	<u>е</u>		

Last Updated: March 12, 2021 DO NOT USE OLD FORMS