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

To: Galveston County, Texas

Date of Mediation:_____
(Filed on before 30 Days from Date of Mediation)

Style of Suit:_____

Case Number:_____

Case Type: (MUST BE CHECKED)

- ☐ CPS CASE – MAX $800
- ☐ 2 -TEMP ORDER POST COVID MAX $400
- ☐ 2- HOUR TEMP ORDER MUST BE REMOTE(COVID EMER.DECL) MAX $400
- ☐ TEMP ORDER RESULT IN FINAL MSA
- ☐ FINAL ORDER MEDIATION (MAX $800 – AMT REC'D FROM PARTIES)
- ☐ 3-HOUR TEMP ORDER MUST BE REMOTE (COVID EMER DECL – PRE DEC 1, 2020) (MAX $600)

Mediator's Certification

By my signature below, I certify that I served as a mediator of the above-referenced cause on the specified date. I further certify:

- ☐ I was the court appointed mediator or the appointed mediator asked me to substitute.
- ☐ I mediated in Galveston County or via Remote Video
- ☐ The parties were approved for subsidized mediation (if final).
- ☐ The mediation was [___] was not [____] successful; and

that the below calculation:

(1) is just and correct;
(2) is made in accordance with the rules for Mediation Service of Galveston County, and under Title 7 of Civil Practice and Remedies Code, Chapter 154;
(3) reflects any and all funds received for mediation services by the parties and
(4) is for unpaid services.

CLAIM AMOUNT

_____ [1 to 4] X $200 – (_____)[Money received] = **$**_____

$200 PER HOUR, NOT TO EXCEED $800 FOR FINAL MEDIATION

By: _____
Mediator Name

Signed: _____
Mediator Signature

Address: _____
Number and Street

_____
City and State

_____
Zip Code

Email address: _____

EIN or Taxpayer ID: _____

Tel: _____

Approval and Order for Payment to Mediator

The Court FINDS, CERTIFIES and APPROVES the Mediator's Requested Claim Amount as set forth above because it complies with the Galveston County Mediation Board's rules and procedures for compensation for mediation services provided in a suit pending before this Court. It is further ORDERED that within 30 days, Galveston County, Texas, its auditor or other representative, shall pay to the Mediator, the Mediator's Requested Claim Amount from Galveston County's from the Mediation Funds Account.

SIGNED this _____day of _____, 20_____.

_____
Presiding Judge

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