

**Claim and Order for Payment for Mediation  
Services under Special Authorization of the Galveston County Mediation Board**

To: Galveston County, Texas

Date of Mediation: \_\_\_\_\_

Cause No.: \_\_\_\_\_

Style of Suit: \_\_\_\_\_

**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 that below is calculation of the Mediator's Requested Claim Amount that: (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 a credit for any and all funds directly received; and (4) is for unpaid services.

The Mediation [\_\_\_\_\_ was or \_\_\_\_\_ was not] successful in completely resolving the suit.

With respect to fees paid directly to me for the Mediation,

on \_\_\_\_\_, I received \$ \_\_\_\_\_ from \_\_\_\_\_, and

on \_\_\_\_\_, I received \$ \_\_\_\_\_ from \_\_\_\_\_.

_____	* \$ 200.00	= \$	- \$	= \$
Hours	Rate/hour	Subtotal	Received Payments	<b>Mediator's Requested Claim Amount</b>
[1 to 4]				

By: \_\_\_\_\_  
Mediator's Signature

\_\_\_\_\_  
Mediator's Printed Name

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

EIN: \_\_\_\_\_

**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

\_\_\_\_\_  
Court Designation