

(Mediator's Name, Law firm, Address, and phone number)

E-MAIL ADDRESS (Optional):

MEDIATOR'S FEE STATEMENT AND ORDER FOR PAYMENT OF THE FEE

SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY

ADDRESS: **801 10TH STREET, 4TH FLOOR**
 CITY AND ZIP CODE: **MODESTO, CA 95354**
 BRANCH NAME: **MODESTO**

vs. Plaintiff, Defendant.	CASE NUMBER: MEDIATOR'S FEE STATEMENT AND ORDER FOR PAYMENT OF THE FEE
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Date of Mediation: _____

Time Spent on Mediation (to the nearest quarter hour): _____

Date of Filing the Mediator's Report: _____

► Mediator's Signature: _____ Date: _____

ORDER FOR PAYMENT OF FEES

The Court is hereby ordered to draw his warrant in favor of the firm name _____
 for the sum of \$400.00 for fee incurred while serving as a mediator for the Superior Court of the State of California
 in the County of Stanislaus.

The box below is for court use only.

Vendor Name:		Vendor Number:			
Trust Number _____		Amt. _____		Trust Number _____	
				Amt. _____	
Amount	Account	Cost Center	Functional Area	Fund	Case Name
	938401	502233	1220	120001	
Date	Authorized Departmental Signature			Approved/Posted by	
				Date	