

Mediation Fee Agreement

I, _____, have been advised of the fee schedule for the services of Conflict Resolution & Conciliation Services (CR†CS). I understand that the fees applicable to the mediation process in which I have agreed to participate include:

- a) A flat fee of \$170 for each intake - up to two hours duration. Intake will be conducted with each participant. Additional intake time after the first two hours will be \$85 per hour.
- b) Mediation session fees of \$120 per hour, per party (minimum session of two hours; sessions on weekends, holidays, or portions after 6:00 p.m. are an additional twenty percent.). Time incurred outside of sessions from party's non-administrative contact with a conciliator or CR†CS, whether in person, by phone, or in e-mail review and response, is also at party's hourly mediation session rate. Case administration time (except session scheduling) is at a per party fee of one-half their mediation session hourly rate.
- c) A memorandum of agreement preparation fee of \$60 per hour, per party (minimum three-hour fee). This fee also applies to time preparing a requested advisory opinion.
- d) A per party fee for any required regional travel time at the rate of one-half the mediation session hourly rate plus mileage at the rate of \$.25 per mile.
- e) All direct costs of CR†CS and the mediators associated with the case, including long distance telephone calls, travel, parking, written resources provided, and other out of pocket expenses. These direct costs shall be shared equally among all parties, unless otherwise agreed to by the parties.
- f) A cancellation fee of \$170 is payable by a party who causes a cancellation of any scheduled session with less than 24 hours notice.

I agree to pay all fees and costs of the mediation process in accordance with the above schedule and the ICC Rules. I agree to pay for fees for each session as they are incurred, direct costs as invoiced, a deposit prior to the preparation of an agreement and the balance upon delivery of the agreement. If I am unable to pay fees when due, I must request alternate arrangements with CR†CS in advance. Unless otherwise agreed, interest shall be charged at the rate of one percent per month on balances outstanding over 30 days; in the event collection action is initiated, I agree to pay all costs and fees associated with such action, including attorney and conciliator fees.

Signed _____ Date _____

Income/Hardship Consideration. I understand that CR†CS is a nonprofit organization that is supported by a combination of fees for services, tax deductible contributions from individuals and businesses, and support from churches and other charitable organizations; support from donations allows CR†CS to provide services on an income based sliding scale to individuals who would otherwise be unable to obtain needed conciliation services.

I request / decline (circle one) consideration for sliding scale fees based on my gross annual income of \$_____, or other documented hardship explained on the back of this agreement. I understand that based on this income, or other documented hardship, the hourly mediation session fee rate will be reduced by _____ percent. We further understand that this reduction will only be applied to sessions held after acceptable documentation of gross income or other hardship is provided to CR†CS; it will not be applied retroactively.

Documentation Accepted by _____ (CR†CS) Date _____