

COURT FILE NO.	MEDIATOR INVOICE NO.

PAYMENT INFORMATION	
PERSON TO BE PAID <input type="checkbox"/> MEDIATOR <input type="checkbox"/> LEGAL PERSON <input type="checkbox"/> Y.P.C.	
SAGIR SUPPLIER No.	PAYMENT ADDRESS
G.S.T. No.:	Q.S.T. No.:

IDENTIFICATION OF THE PARTIES
GIVEN NAME AND SURNAME OF PLAINTIFF
GIVEN NAME AND SURNAME OF DEFENDANT

RESULT OF MEDIATION	
Date of mediation session: _____ <input type="checkbox"/> Agreement reached by the parties <input type="checkbox"/> Agreement not reached <input type="checkbox"/> Absence of one or both of the parties	} Please also complete the "Mediation Report" (SJ-985A) and file it with the court clerk.

Signature of Plaintiff: _____		Date	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Year	Month	Day			
Year	Month	Day							
Signature of Defendant: _____		Date	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Year	Month	Day			
Year	Month	Day							

FEES CLAIMED
Fees = \$ _____
G.S.T. (5%) = \$ _____
Q.S.T. (9,975%) = \$ _____
Total = \$ _____

MEDIATOR'S SIGNATURE							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Year</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table>	Year	Month	Day				I certify that I provided the services mentioned above and that my fees for those services are in accordance with the tariff of fees.
Year	Month	Day					
Given name and surname (in block letters)	Signature						