



M-C Mediation Plus

DISPUTE RESOLUTION

RECEIPT: Received From: _____

DATE: _____

INDEPENDENT MEDIATOR: _____

Session Time:

_____ One Half Day

Description:

Price	Amount
\$600.00	\$600.00

_____ Mediation Services by Independent Mediator

_____ Arbitration

_____ Private Trial

_____ Other

\$ _____ \$ _____

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Session Time:

_____ One Day

Description:

Price	Amount
\$1000.00	\$1000.00

_____ Mediation Services by Independent Mediator

_____ Arbitration

_____ Private Trial

_____ Other

\$ _____ \$ _____

Payment Method: _____

Thank you for your payment!

Signed _____

Mediator