

**MEDIATOR CLAIM FOR REIMBURSEMENT FROM DIVORCING PARENT EDUCATION AND  
MEDIATION FUND (T.C.A. § 36-6-413) FOR REDUCED FEE MEDIATION**

INSTRUCTIONS: Type and submit in duplicate to the clerk of the court. Please complete the form in full or it will be returned. Both copies must be signed by the mediator and the judge. The clerk shall retain one copy for the court files and shall forward the original to the Administrative Office of the Courts, Programs Manager, Divorcing Parent Education and Mediation Fund, 511 Union St., Suite 600, Nashville, TN 37219 via email at: [grants@tncourts.gov](mailto:grants@tncourts.gov)

STATE OF TENNESSEE

COUNTY OF: \_\_\_\_\_ COURT: \_\_\_\_\_ PART: \_\_\_\_\_ DOCKET NO.: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_ NAME OF FATHER: \_\_\_\_\_

Date of referral to mediation: \_\_\_\_\_ Date mediation completed: \_\_\_\_\_

In-session rate: Plaintiff \$ \_\_\_\_\_/hr. Defendant \$ \_\_\_\_\_/hr. to be reimbursed \$ \_\_\_\_\_/hr. (max fee per party is \$25.00)

Out-of-session rate: Plaintiff \$ \_\_\_\_\_/hr. Defendant \$ \_\_\_\_\_/hr. to be reimbursed \$ \_\_\_\_\_/hr. (max fee per party is \$20.00)

ACTIVITY  On the back of this form, itemize in-session and out-of-session hours spent working on this mediation. Attach a copy of the court order of appointment to the mediation.	(A) In-session hours (tenths)	(B) Out-of-session hours (tenths)	(C) Necessary Expenses
	Totals: hrs.	hrs.	\$

*I certify that the foregoing represents an accurate, complete statement of time in connection with mediation in the above action or proceedings.*

**Enter FULL Name, Address, and Phone Number**

Mediator: \_\_\_\_\_

Signature of Mediator \_\_\_\_\_ Date \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - Email: \_\_\_\_\_

**TO BE COMPLETED BY JUDGE**

(A) \_\_\_\_\_ total approved in-session time @ \$ \_\_\_\_\_/hour .....\$ \_\_\_\_\_  
(B) \_\_\_\_\_ total approved out-of-session time @ \$ \_\_\_\_\_/hour .....\$ \_\_\_\_\_  
(C) \_\_\_\_\_ total approved necessary expenses.....\$ \_\_\_\_\_

**Totals.....\$ \_\_\_\_\_**

Subject to the provisions of T.C.A. § 36-6-413 and Tennessee Supreme Court Rule 38, this Court finds this to be reasonable compensation for work done in the above case.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20 .....

Signature of Judge \_\_\_\_\_

**TO BE COMPLETED BY THE ADMINISTRATIVE OFFICE OF THE COURTS**

Total authorized payment \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Code: 302.27.21

[illegible]