

**PAYMENT INFORMATION**

Person to be paid		SAGIR supplier No.
Payment address		
G.S.T. No.:	Q.S.T. No.:	

**IDENTIFICATION OF PARTIES – In adoption context only, please join a list of names and given names of the parties to the agreement.**

Name of party 1	Given name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Name of party 2	Given name	Gender <input type="checkbox"/> M <input type="checkbox"/> F

**FAMILY MEDIATION IN A SEPARATION CONTEXT ONLY**

The parties have common dependent children      The parties do not have common dependent children     Date \_\_\_\_\_  
 Party 1      Party 2 participated in a pre-mediation session with a Community Justice Center     Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 Mediation ordered by the Court      Absence from a court-ordered mediation session \$50

Court file No.:

**FEES IN ACCORDANCE WITH THE SERVICES PROVIDED, EXCEPT FOR A SESSION ON PARENTING AFTER SEPARATION**

Please note that you must submit or send your invoice **no later than 12 months** after the last session payable by the FMS.

<input type="checkbox"/> Family mediation in a separation context	<input type="checkbox"/> Family mediation in an adoption context
<b>NATURE OF FILE</b> Initial - <input type="checkbox"/> Maximum: 5 h (with common dependent child) Initial - <input type="checkbox"/> Maximum: 3 h (without common dependent child)	Review - <input type="checkbox"/> Maximum: 2 h 30 (with common dependent child <b>only</b> ) Are the parties using the service to resolve a new dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have the parties already met with a mediator regarding this dispute?      Yes      No     If yes, for how many hours: \_\_\_\_\_

**MEDIATION SESSIONS: \$110 PER HOUR**

Session dates	Number of hours per session	Signature of the parties	Distance session
Year    Month    Day	h    min.	<i>By signing this form, I certify that the information given below is accurate and that I was provided with the services in question.</i>	
_____ : _____	_____ : _____	_____	<input type="checkbox"/>
_____ : _____	_____ : _____	_____	<input type="checkbox"/>
_____ : _____	_____ : _____	_____	<input type="checkbox"/>
_____ : _____	_____ : _____	_____	<input type="checkbox"/>
_____ : _____	_____ : _____	_____	<input type="checkbox"/>

Total time spent working outside session (e.g. summary of agreements):  
\_\_\_\_\_ : \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_ x \$110 = \$ \_\_\_\_\_ + G.S.T. (5%) = \$ \_\_\_\_\_ + Q.S.T. (9,975%) = \$ \_\_\_\_\_

TOTAL WITH TAXES: \$ \_\_\_\_\_

**FEES FOR THE SESSION ON PARENTING AFTER SEPARATION: \$225 per mediator**

Courthouse	Year _____ Month _____ Day _____
Date of session	Year _____ Month _____ Day _____

**IN LIGHT OF THE INFORMATION RECEIVED FROM THE MEDIATOR, I AGREE TO BE CONTACTED TO PARTICIPATE IN A SURVEY ABOUT THE SERVICES I RECEIVED.**

Party 1: Email: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Party 2: Email: \_\_\_\_\_ Signature: \_\_\_\_\_

**MEDIATOR'S SIGNATURE**

<b>DATE</b>	Year _____ Month _____ Day _____	I certify that I checked whether the parties qualified for the program, that I provided the services mentioned above and that my fees for those services are in accordance with the tariff of fees.
Name (in block letters)	Signature	