Dispute Resolution Services Mediation Program

Contract Mediator Payment Form

FINRA Dispute Resolution Services will process your non-employee mediator payment upon completion and return of this form. Please remember to itemize your expenses in the section below. Any missing information will delay processing your payment. Thank you.

FINRA Case Name: _____ Case Number: _____ _____

Mediator Name: _____ _____ Mediation Date: _____

How was the mediation conducted (circle): ☐In-person ☐Telephonic ☐Videoconference

Session Fee	
Mediator Rate	☐Flat Rate: $_____ ☐Hourly Rate: $_____
Number of Hours	If hourly, number of hours spent mediating, ***including study time***: _____ hours
Status of Case	☐Settled ☐Impasse ☐Not Yet Determined
Mediator Session Fee Allocation	☐Split equally among the parties ☐Allocate all to (check): ☐Respondent(s) ☐Claimant(s) ☐Other: ☐Other:_____
Mediation Filing Fee Allocation	☐Allocate to the party(ies) who are assessed the mediation session fee (Default) ☐No change to the filing fee previously assessed ☐Re-allocate all to (check): ☐Respondent(s) ☐Claimant(s) ☐Other: ☐Other:_____
Mediation Expenses Allocation (***if applicable***)	☐Allocate to the party(ies) who are assessed the mediation session fee (Default) ☐Re-allocate all to (check): ☐Respondent(s) ☐Claimant(s) ☐Other: ☐Other:_____

Comments:_____

_____

Expenses		
Reminder: Please provide a receipt — with this form — for any single expense over $75.00		
	Amount	**Receipt Attached**
Airline Ticket		
Hotel		
Meals		
Number of Miles @70 cents per mile		Receipt not required
Other Ground Travel, Conference Room Space, Telephone, Fax, Overnight Mail		
Miscellaneous Expense(s)		
TOTAL EXPENSES		

Return to:

Terri-An Crombie or Lauren Guerena, Mediation Administrators
Phone: 561-44-2673 (TC) or 213-613-2661 (LG)
Email: Terri.Crombie@finra.org or Lauren.Guerena@finra.org