



## 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

<b>Mediator Rate</b>	<input type="checkbox"/> Flat Rate: \$ _____ <input type="checkbox"/> Hourly Rate: \$ _____
<b>Number of Hours</b>	If hourly, number of hours spent mediating, <b>including study time</b> : _____ hours
<b>Status of Case</b>	<input type="checkbox"/> Settled <input type="checkbox"/> Impasse <input type="checkbox"/> Not Yet Determined
<b>Mediator Session Fee Allocation</b>	<input type="checkbox"/> Split equally among the parties <input type="checkbox"/> Allocate all to (check): <input type="checkbox"/> Respondent(s) <input type="checkbox"/> Claimant(s) <input type="checkbox"/> Other: <input type="checkbox"/> Other: _____
<b>Mediation Filing Fee Allocation</b>	<input type="checkbox"/> Allocate to the party(ies) who are assessed the mediation session fee (Default) <input type="checkbox"/> No change to the filing fee previously assessed <input type="checkbox"/> Re-allocate all to (check): <input type="checkbox"/> Respondent(s) <input type="checkbox"/> Claimant(s) <input type="checkbox"/> Other: <input type="checkbox"/> Other: _____
<b>Mediation Expenses Allocation</b> <i>(if applicable)</i>	<input type="checkbox"/> Allocate to the party(ies) who are assessed the mediation session fee (Default) <input type="checkbox"/> Re-allocate all to (check): <input type="checkbox"/> Respondent(s) <input type="checkbox"/> Claimant(s) <input type="checkbox"/> Other: <input type="checkbox"/> 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        @56 cents per mile		Receipt not required
Other Ground Travel, Conference Room Space, Telephone, Fax, Overnight Mail		
Miscellaneous Expense(s)		
<b>TOTAL EXPENSES</b>		

### Return to:

Narielle Robinson or Mara Weinstein, National Mediation Administrators

Phone: 561-447-4927(NR) or 212-858-4384 (MW)

Email: [Narielle.Robinson@finra.org](mailto:Narielle.Robinson@finra.org) or [Mara.Weinstein@finra.org](mailto:Mara.Weinstein@finra.org)