

MEDIATION FEE AGREEMENT

| NAME OF CASE: | | |
|--|-----------------------------------|------|
| | Insert Name of Case | |
| Thank you for requesting that Victoria Platze will take place via Zoom. The Zoom link has be | | |
| Judge Platzer's hourly rate is \$650.00 per hou the parties unless stipulated otherwise. There emails, telephone calls and travel time (if any | e are no administrative fees cha | |
| Full payment is expected within 30 days of th due will bear interest at 1.5% per month. Platzer, P.A and mailed to | All payments should be made | |
| The attorney involved in the mediation and responsible for payment of the fee. All time billed at the same rate as indicated herein for | spent in an effort to collect a p | • |
| Credit cards are accepted for payment. U Banking fees and other related expenses payments. | • | · |
| There is no fee charge for cancellations m mediation session. If the mediation is cancel hours will be charged if the space is not filled | led or reset in less than 7 days, | |
| In the event the case is not settled on the operation parties Judge Platzer continues to facilitate se | • | • |
| Please write the name of your case at the top the terms contained herein and return this do | | _ |
| Printed Name of Counsel and Client | Signature | Date |
| Printed Name of Client and Counsel | Signature | Date |
| Printed Name of Counsel and Client | Signature | Date |
| Printed Name of Client and Counsel | Signature | Date |
| | | |

Signature

Date

Printed Name of Client and Counsel