

**Superior Court of California, County of Santa Barbara  
Mediator / Arbitrator Fee Statement**

Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

(Mark box above to indicate payee on check)

*\*If you are a new Vendor a W-9 is required \**

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Mediation / Session Date: \_\_\_\_\_ Fee Claimed: \$ \_\_\_\_\_

Check One:

CADRe

CMADDRESS

Arbitration

*The undersigned, under penalty of perjury, states that all items on this claim are true and correct, that no portion has been paid, and that said claim is made within one year after the last item has accrued.*

Dated: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

*I verify that the services enumerated herein have been performed and the amount claimed is due the claimant.*

Dated: \_\_\_\_\_ by: \_\_\_\_\_

**For Court Fiscal Use Only**

	G/L Acct	Cost Center	Fund	F/Area	WBS	Amount
CADRe	939101		110001	1220		\$
CMADDRESS	939101		110001	1220	O-421600	\$
Other	939101		110001	1220		\$

<b>Parked By / Date</b>	<b>Posted By / Date</b>