

**ADMINISTRATIVE OFFICE OF THE COURTS
DEPENDENCY NEGLECT FACILITATION PAYMENT FORM
-PROFESSIONAL FEES AND SERVICES-**

Facilitator's Name: _____

Mediation Certification Number: _____ Arkansas Bar Number: _____

Email Address: _____

Address: _____

Location of Facilitation: _____

Judge: _____ County: _____ Case Docket #: _____

Hourly rate for facilitations shall not exceed \$125.00 per hour. \$75.00 per hour is allowed for travel time with a maximum of two hours (\$150.00 total travel budget). Mileage is .52 per mile. Total fee and travel expenses shall not exceed \$500.00 per case.

Total Amount requested for hourly facilitation: \$ _____

Total amount for travel time: \$ _____

Total mileage: \$ _____

Total requested (not to exceed \$500.00): \$ _____

***Payment Form and Summary must be emailed to facilitations@arcourts.gov.
Mediator's W-9 should be submitted with first Payment Form and should be updated when
changing address or name.***