

COURT FILE NO.		MEDIATOR INVOICE NO.	
PAYMENT INFORMATION			
Person to be paid		<input type="checkbox"/> Mediator <input type="checkbox"/> Legal person <input type="checkbox"/> Y.P.C.	
Payment address			
SAGIR supplier No.	Email		
G.S.T. No.:	Q.S.T. No.:		
IDENTIFICATION OF THE PARTIES			
Given name and surname of Plaintiff			
Given name and surname of Defendant			
FEES CLAIMED FOR MEDIATION SESSIONS			
Please note that the deadline for filing or submitting the invoice and the mediation report is <b>30 days following mediation</b> .			
Is this a mediation held on the day of the hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Session dates Year    Month    Day	Number of hours per session h    min.	Signature of the parties <i>By signing this form, I certify that the information given below is accurate and that I was provided with the services in question.</i>	
		Plaintiff	Defendant
		Session conducted by technological means <input type="checkbox"/>	
		<input type="checkbox"/>	
Total time spent working outside session:			
<input type="checkbox"/> Mediation started <b>before</b> November 23, 2023 Total hours: _____ x \$121 = \$ _____ Total with taxes: \$ _____ + G.S.T. (5%) = \$ _____ + Q.S.T. (9.975%) = \$ _____ = Total with taxes: \$ _____			
<input type="checkbox"/> Mediation started <b>on or after</b> November 23, 2023 Total hours: _____ x \$130 = \$ _____ Total with taxes: \$ _____ + G.S.T. (5%) = \$ _____ + Q.S.T. (9.975%) = \$ _____ = Total with taxes: \$ _____			
<input type="checkbox"/> Moved to courthouse at the court's request, but no mediation mandate given Total: 1 hour x \$ Current rate = \$ _____ Total with taxes: \$ _____ + G.S.T. (5%) = \$ _____ + Q.S.T. (9.975%) = \$ _____ = Total: \$ _____			
CONSENT OF THE PARTIES TO PARTICIPATE IN A SURVEY ON THE SERVICES RECEIVED			
The Ministère de la Justice du Québec would like your assessment of the mediation services received. Your participation is important and will help improve services offered to Quebecers. You are free to accept or decline the email invitation without consequences. Your email address will be used solely for this survey.			
I authorize the mediator to forward the email address below to the representatives of the Ministère de la Justice to receive the invitation to participate in the survey. My email address will be used only for the purpose of this survey.			
Plaintiff :	Email: _____	Signature : _____	
Defendant:	Email: _____	Signature : _____	
To change your email address, please contact the evaluation team at: <a href="mailto:evaluation.programme@justice.gouv.qc.ca">evaluation.programme@justice.gouv.qc.ca</a> .			
MEDIATOR'S SIGNATURE			
Date	Year    Month    Day	I certify that I provided the services mentioned above and that my fees for those services are in accordance with the tariff of fees.	
Given name and surname (in block letters)		Signature	