



SESSION & PARTY DETAILS

File No: _____ Note: In order to be paid File No. must be entered

Date of Session: ____/____/____

Venue/Court: _____

Parties Attending Mediation

Party A: _____

Party B: _____

Party A: _____

Party B: _____

PAYMENT DETAILS

Mediators Name: _____

Mediator 1 Mediator 2 SOLO

Did mediation occur? Yes No

Was this a mentored session? Yes No

Session Times

Print clearly in 12 hour time format – Not Digital

- Scheduled Start Time _____ am/pm
Session Started _____ am/pm
Session Ended _____ am/pm
Finished Debriefing _____ am/pm
Unpaid Break Time _____ hh:mm

Travelling Times

- Depart home Date: ____/____/____ _____ am/pm Whether or not claiming travel, you must complete travelling times
Unpaid inward travel time (Personal Time) _____ hh:mm
Arrive venue Date: ____/____/____ _____ am/pm DO NOT PREDICT TIMES
Depart venue Date: ____/____/____ _____ am/pm
Unpaid outward travel time (Personal Time) _____ hh:mm
Arrive home Date: ____/____/____ _____ am/pm

NOTE:

Please provide breakdown of official business travelling times if personal business was conducted during your journey (eg. stopped for shopping). Also provide details should an incident occur that results in additional travel time (eg. traffic jam, road closure). Please provide details on a separate sheet and attach to this form.

REPORTABLE INCIDENTS

Did a reportable incident occur during this session? Yes No

If yes, was a mishap report completed? Yes (please attach)

Brief Details of Incident: _____

FORM TO BE RETURNED IN 7 DAYS
Community Justice Centres
Reply Paid 84744, Parramatta NSW 2150

Mediators Signature and Date _____

_____/____/____

OFFICE USE ONLY
Date Received:

File Closed