

Mediator Invoice
Nevada Senate Bill 1/ADKT 0567 Eviction Mediation Program

* Vendor Number: _____

Invoice amount: _____

* Vendor Name: _____

Mediation dates occurred:
 * From: _____

* Vendor Address: _____

* To: _____

* Mediator Name: _____
 (Full Name)

* Email Address: _____

* Electronically Sign Below:

I hereby certify that all mediations listed on this form for which I am requesting payment occurred due to circumstances related to the COVID-19 Pandemic. I further understand that if any future audit discovers that any of these mediations did not occur due to circumstances related to COVID-19 I may be required to reimburse the Administrative Office of the Courts for the payment I received.

You must include 1) mediator's notification from the Administrator for each mediation listed along with the invoice submission and 2) an attestation from one of the parties that this was related to the COVID-19 Pandemic.
 Email invoice and required documentation to Judicialbranchacct@nvcourts.nv.gov for processing. Invoices submitted for mediations after May 31, 2021, cannot be processed for payment.

| Case No. | * Landlord (Entity Name or Last Name) | * Tenant Last Name | *Interpreter used (Y/N) | * Date Performed | *Amt. Billed NTE \$200/mediation | Outcome* |
|----------|---------------------------------------|--------------------|-------------------------|------------------|----------------------------------|----------|
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| 12 | | | | | | |

* denotes a required field, any required field that is left blank will cause your invoice to be rejected. Required documents that are missing will cause your invoice to be rejected.

TOTAL INVOICE AMOUNT