



North Shore  
Community  
Mediation  
Center

100 Cummings Center • Suite 307-J • Beverly • Massachusetts 01915

## Fee Agreement

1. The Parties shall share the cost of the mediation sessions and other joint charges, unless otherwise agreed. They shall each be responsible for any individual charges.
2. Fees shall be paid by the parties at the end of each mediation session.
3. Other services charged by the Mediators include:
  - Review of documents;
  - Telephone conversations (charged on a 1/10 hour basis);
  - Consultation with other professionals;
  - Travel time and expenses (if any);
  - Preparation of Memorandum of Understanding/Mediated Agreement

4. Fees are based on a sliding scale as follows:

<u>Parties' Joint Earnings</u>	<u>Fee per hour</u>
\$0 - \$25,000	\$50
\$26 - \$50,000	\$65
\$51,000 - \$75,000	\$85
\$76,000 - \$100,000	\$100
\$101,000 - \$125,000	\$125
\$126,000 - \$150,000	\$150
\$151,000 - \$200,000	\$250
\$201,000 - \$250,000	\$350
\$251,000+	\$450

5. Each party shall pay a \$25 Intake Fee, which is nonrefundable and is used to cover intake and administrative costs. The first mediation session will be scheduled once the Intake Fee is received.
6. All payments by check, including the Intake Fees, are to be made to North Shore Community Mediation, Inc. Please note in "memo" space that payment is for mediation.

I have read, understand and agree to all of the terms of North Shore Community Mediation, Inc., Family Mediation Fee Agreement. I have been given an opportunity to consult with counsel regarding the terms of this agreement before signing.

\_\_\_\_\_  
Spouse or Party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mediator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mediator Signature

\_\_\_\_\_  
Date

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