



M.A.R.C.H. Mediation

Mediation Achieving Results for Children

M.A.R.C.H. Inc. 2 S. Water St., Liberty, MO 64068
Telephone 1.800.595.9750 Facsimile 816.708.2715 e-mail: dkuhlman@marchmediation.org

Addendum to Contract for Mediation Services

This shall be an addendum to the Contract for Mediation Services executed by the mediator for the M.A.R.C.H. Fee for Service Mediation Program beginning October 1, 2013.

_____ meets the qualifications, and wishes to provide mediation services on referral for the M.A.R.C.H. Fee for Service Mediation program.

Mediator shall be compensated at a flat rate of \$225 for up to two hours of mediation. Should the parties request additional mediation, the mediator and the parties shall negotiate a rate that is acceptable to them. Negotiated fees shall be paid directly to the mediator. M.A.R.C.H. shall not be responsible to the mediator for more than the flat rate payment of \$225.

Fees will be paid to the mediator after the 25th day of the month following the month the mediation was submitted to M.A.R.C.H.

Invoices for services must be sent within sixty (60) days of completing services to by email, mail, or fax.

Email: bhiggins@marchmediation.org

Mail: M.A.R.C.H. Mediation, 2 S. Water St., Liberty, MO 64068

Fax: 816.708.2715

There will be no reimbursement for time where parties miss an appointment. It is agreed that the mediator shall perform the duties under this agreement as an independent contractor to M.A.R.C.H. Inc. The mediator is not to be deemed as an employee of M.A.R.C.H. Inc. and shall not have or claim any right arising from employee status. The mediator has the sole discretion to determine the manner in which mediation services are to be scheduled and conducted in conformity with M.A.R.C.H. Inc. program policy and guidelines. M.A.R.C.H. Inc. specifically reserves the right to terminate this agreement if the mediator fails to comply with program guidelines.

Signed this _____ day of _____, 20_____.

Mediator

Dawn E. Kuhlman, MA
Executive Director
M.A.R.C.H. Inc.

Mediator Contact Information

Name: _____

Primary Address: _____

Phone: _____

Fax: _____

E-mail: _____