



HOME MEANS NEVADA, INC. – MEDIATOR INVOICE
ADKT 0567 Eviction Mediation Program
Assembly Bill 486 (2021)

Total Invoice _____
 Amount:

* Mediator Name: _____

Mediation/Work Dates Occurred:

* Mediator Address: _____

* From: _____

* To: _____

* Email Address: _____

* Electronically Sign Below:

I hereby certify that I am a mediator in the Eviction Mediation Program pursuant to ADKT 0567/Assembly Bill 486 (2021) and that I performed work on and/or conducted mediations on the eviction cases below. Home Means Nevada, Inc. may request documentation to support billing and payments.

Please include: 1) Assignment email and/or list of assigned cases; 2) Case Disposition Form; and/or 3) Memorandum(s) and/or documentation describing work on a case that would support the amount billed.

Email invoice and required documentation to Shannon@homemnv.org for processing. Please submit invoices within 30-days to ensure payment and the tracking of cases.

*Case No.	* Landlord (Entity Name or Last Name)	* Tenant Last Name	*Interpreter used (Y/N)	* Date Performed	*Amt. Billed	*Outcome
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

***This is a required field. If documents are missing, it may cause your invoice to be rejected.**

TOTAL