



ARBITRATION FEE AGREEMENT

Colorado Mediators & Arbitrators™ | COMA requires a valid credit card or debit card to be kept on file to secure dispute resolution fees. Unless payment arrangements are made in advance COMA will charge dispute resolution fees to the credit or debit card on file. Fee: <http://coma.com/arbitration-fee-agreement>.

1. **FILING FEES:** Non-refundable administrative filing fees are due upon signing the arbitration submission agreement and are determined by claim amount and type of hearing:
 - \$850 for Claims of \$75,000 & Over: **Standard Hearing:** arbitrator hourly rates apply; travel & expenses, & facility reimbursement apply.
 - \$850 for Claims of \$74,999 & Under: **Teleconference Hearing:** all-inclusive fee when total teleconference time does not exceed three hours. Total teleconference time includes Pre-Hearing Conferences and Teleconference Hearings.
 - \$700 for Claims of \$14,999 & Under: **Documentary Hearing:** all-inclusive.
2. **ARBITRATOR HOURLY RATE:**
 - A. \$125 per party per hour block of time in hearing and teleconferences
 - B. \$ 30 per quarter-hour per party for review of documents and award writing
3. **CHARGES:** Fees for teleconferences and hearings are due and processed upon confirmation of scheduling.
4. **OUTSTANDING BALANCES AND COLLECTIONS:** COMA shall not be required to provide any award, decision or work product produced by a mediator or arbitrator until all charges and fees are paid. Outstanding balances payable to COMA are subject to a compounding monthly interest rate of 2%. Parties agree to pay any fees or costs incurred by COMA to collect any outstanding amounts owed by client. Such fees and costs may include, but shall not be limited to, collection agency commissions, fees or charges; attorney fees and costs; and court costs. Each party shall be jointly and severally liable for the fees and costs incurred pursuant to this paragraph.
5. **CANCELLATION POLICY:** Refunds are subject to a \$90 processing fee. Hearings or teleconferences cancelled within 10 business days of the event forfeit the full cost of teleconference or hearing.

Card Holder's
Comments

Visa / MasterCard #

Discover and American Express not accepted

Expiration Date

V-Code

Email

Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

Name of party for whom payment is made

Name of party for whom payment is made

I understand and agree to each of the provisions of this agreement. I authorize charges by COMA for fees related to the above-named party or parties..

Signature of Card Holder _____ Date _____