PMC FORM 6
(Revised June2006)

SUMMARY OF MEDIATOR'S CLAIM

PMC UNIT _____
For the Month of _____, 20____

OR No.		Case No.	Court		Status	Mediator's Fee
Complainant	Defendant		RTC #	MTC #	(Settled/Failed)	
TOTAL					**S=** **F=**	

Certified Correct by:

_____
Mediator
(Signature over Printed Name)

Verified by:

_____
Unit Coordinator
(Signature over Printed Name)

Received by:

_____
(Signature over Printed Name / Date)