
CPR Fundholding Agreement

CPR File Number: _____

Matter Title: _____

By signing below, you acknowledge your agreement for CPR to act as the fundholder in your matter. With respect to this proceeding, the below is stipulated and agreed upon by the parties. Please sign and return this agreement prior to sending the funds to CPR.

1. It is understood that the Neutral (in matters with a Tribunal, then the Chairperson) shall communicate to CPR and the parties regarding the amounts and deadlines for deposits.
2. CPR will make payments and refunds to the parties, if any, in accordance with the directions forwarded by the Neutral.
3. CPR will effect payment on the invoices issued by the Neutral(s) from the funds deposited by the Parties.
4. All invoices rendered to CPR will at a minimum include the full CPR matter number.
5. All deposits from the parties will at a minimum include the full CPR matter number and indicate the name of the party making the deposit.
6. It is understood that invoices are the independent issuance of the neutral, and that payments are the independent obligation of the parties, and CPR has no liability directly or indirectly for such invoice or payment. All transfer, wire or other banking fees are the obligation of the parties and will be deducted from the deposits.
7. An accounting of all matter costs and fees will be delivered to the parties periodically as instructed by the Neutral.
8. The parties will be charged by CPR a one-time set up fee of \$1250 and thereafter, a fee of \$400.00 per hour for accounting services. These fees do not apply to Administered disputes.
9. Funds will be held in a client funds account.

10. The below parties have agreed to the following allocation:

Equal shares _____

Specific percentages: _____

Other: _____

For any questions surrounding this agreement, please contact CPRneutrals@cpradr.org or your case administrator.

This agreement may be executed by the parties in separate counterparts.

Agreed and acknowledged:

Counsel for Claimant

Party Name: _____

Name: _____

Title: _____

Date: _____

Chair

Name: _____

Date: _____

Neutral

Name: _____

Date: _____

Counsel for Respondent

Party Name: _____

Name: _____

Title: _____

Date: _____

Neutral

Name: _____

Date: _____