

IN THE CIRCUIT COURT FOR QUEEN ANNE'S COUNTY

REPORT OF THE MEDIATOR

Case Number:

Case Name:

Mediator Name:

Date mediation shall be concluded by:

Date(s) of mediation session(s): _____

Number of mediation sessions: _____ Time spent in mediation session(s): _____

FOR DOMESTIC CASES ONLY: Custody/Visitation Property/Financial CINA/TPR

Settled, dismissed or stayed **prior to** mediation conference.

Settled at mediation conference.

Partially settled during mediation conference as specified below – other comments.

Not settled at mediation.

Party/Parties failed to appear.

Name of part(ies) who failed to appear:

Other Comments:

Mediator's Signature

Date

This Report shall be returned, upon completion of the final mediation session and/or not later than 7 days after expiration of the mediation deadline designated in the Order for Alternative Dispute Resolution, to:

Scott MacGlashan, Clerk, Circuit Court for Queen Anne's County
100 Courthouse Square
Centreville, Maryland 21617

Clerk's Office to distribute copy of this Report filed to the Court Administrator/ADR Coordinator

AGREEMENT TO MEDIATE AND CONFIDENTIALITY

This is an AGREEMENT TO MEDIATE AND CONFIDENTIALITY between

_____ and _____
who agree to the following conditions of the mediation.

1. **You understand that mediation is an informal, cooperative, voluntary process.** Your presence in mediation reflects your intention to work toward a resolution of this dispute, and you agree to give your mediation process a fair and reasonable opportunity to accomplish this goal. To this end, you agree to be truthful and candid in your statements during mediation and to conduct yourself in a manner that indicates a good-faith attempt to resolve your dispute.

2. **Your mediator is neutral,** and will not assess blame or fault and will not evaluate the merits of any participant’s views. You understand that your mediator will not provide any legal or other advice, and that your mediator cannot and will not impose any agreement upon you.

3. **Mediation is a confidential process.** You agree that any statement made by any participant or by the mediator during any mediation session outside or in preparation for mediation is confidential and will not be used outside of the mediation process. Participants agree not to subpoena the mediator or any documents prepared for mediation or the mediator’s notes in any subsequent legal proceeding. Any settlement agreement reached by the participants in mediation expressly is NOT included in this agreement of confidentiality, and such an agreement may be divulged or subpoenaed in appropriate circumstances.

4. You agree not to be under the influence of alcohol or drugs, prescribed or otherwise, which may impair your ability to make decisions during the mediation sessions.

5. You agree to arrive at a scheduled mediation session time, and you agree to cancel a scheduled session only with at least 48 hours; notice. You understand that you will be assessed \$150.00 mediator costs for any session that you miss or that you cancel within 48 hours of the scheduled time.

Participant	Date	Counsel	Date
-------------	------	---------	------

Participant	Date	Counsel	Date
-------------	------	---------	------

Mediator	Date
----------	------

Mediator: Pleas retain this agreement in your records.