

Lakewood Mediation Services
City of Lakewood
470 South Allison Parkway, Lakewood, CO 80226

Agreement to Mediate

Please initial below:

- _____ I agree to make a sincere attempt to resolve the issues in this dispute.
- _____ I understand that mediators do not offer legal advice.
- _____ I agree that I will NOT call anyone associated with the mediation program to appear as a witness or to produce information in any proceeding concerning this dispute. I understand that any signed agreement resulting from mediation may be enforced by a court. If I have any question about the enforceability of the agreement, I may consult with an attorney.
- _____ I understand that all information concerning the mediation shall be kept confidential by the mediation program unless all parties agree to the release of a specific statement to a specific person. However, if the mediation is done virtually, Lakewood Mediation Services cannot guarantee the security of the telephone or video conferencing technology used.
- _____ I understand no person shall be present for the mediation nor be privy to the mediation conversation except with the permission of all other parties in the mediation.
- _____ I understand audio and video recordings of the mediation are not permitted.
- _____ I understand that mediators must report any statements regarding harm to a minor, intent to commit a serious crime (felony), or the intent to inflict bodily harm on another person or themselves.

Print Name

Date

Signature