



Massachusetts Dispute Resolution Services

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• Administrative Offices •
27 Congress Street, Salem, Massachusetts, 01970

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MEDIATION AGREEMENT

CASE NAME: _____

MDRS File #: _____

The undersigned parties agree to participate and commit themselves to a mediated negotiation of the issues between them. We agree to employ the services _____ who agrees to mediate our dispute. We have received a copy of the MDRS Mediation Guidelines and agree that they are applicable to the mediation of this matter.

We further agree to the following:

A. We acknowledge and agree that the mediator's work product and case file shall be confidential and not subject to disclosure in any judicial, administrative or private proceeding.

B. We agree that any communication made in the course of mediation relating to the subject matter being mediated shall be a confidential communication and not subject to disclosure in any judicial, administrative or private proceeding.

C. We agree that the mediator and Massachusetts Dispute Resolution Services shall not be liable to us for any act or omission in connection with services performed under this agreement.

D. Each party agrees that the person or representative with **full authority** to resolve and settle this dispute **will attend** the mediation session.

E. The undersigned parties agree that they shall pay Massachusetts Dispute Resolution Services \$475.00 per party for a mediation session of two (2) hours or less now payable in full upon submission of this case. Services beyond two hours will be charged at the rate of \$170.00 per hour per party.

F. This Mediation Agreement may be executed in several counterparts, each of which shall be deemed an original, but all of which shall be considered one and the same valid and enforceable agreement.

Parties to the Mediation

For Party One: _____ Attorney /Representative: _____

For Party Two: _____ Attorney/Representative: _____

Party Three: _____ Attorney/Representative: _____

Party Four: _____ Attorney Representative: _____

Party Five: _____ Attorney/Representative: _____

Date: _____