

Case #: _____

Mediator: _____

Mediation Consent Form

This form explains mediation confidentiality and participant responsibilities. This form is not confidential and will be added to the court record.

By signing this Mediation Consent Form, you acknowledge and agree to the following:

- 1) The mediation session will be confidential under ORS 36.220. This means anything discussed or created for the mediation cannot be shared unless both parties agree in writing or the law allows it.
- 2) Under ORS 36.220 and ORS 36.222, there are a few exceptions to confidentiality, including the following:
 - a. Statements about child or elder abuse made to a mandatory reporter must be reported.
 - b. Statements may not be confidential if a party or the mediator believes they must report the statement to prevent a crime likely to cause death or serious injury.
 - c. The terms of any mediation agreement are not confidential.
- 3) Except as allowed by law, anything said and shared in mediation can't be used as evidence or disclosed in future legal proceedings. The mediator will not voluntarily disclose information or testify in court.
- 4) Mediation is voluntary, so the plaintiff, defendant, or mediator may end it at any time.
- 5) Only the plaintiff and defendant can enter into an agreement.
- 6) The mediator will not make parties agree to anything or make any decisions for anyone.
- 7) The mediator will not serve as a counselor or legal advisor.
- 8) Mediation starts when the mediator gives their opening statement and ends when all participants leave the meeting.
- 9) Parties are encouraged to obtain individual legal advice and individual legal review of any mediated agreement prior to signing the agreement.

By signing this form, parties agree that the mediator's audio recordings for signing the Mediation Consent Form and any mediated agreement will not be confidential. Parties agree to voluntarily participate in mediation provided by the Deschutes County Circuit Court Mediation Program.

☐ Participants agreed to mediate and gave verbal permission for the mediator to sign this form on their behalf.

Date

/s/
Signature

Name (Printed)

Address

City/State/Zip

Telephone

Date

/s/
Signature

Name (Printed)

Address

City/State/Zip

Telephone

Date

/s/
Signature

Name (Printed)

Address

City/State/Zip

Telephone

Date

/s/
Signature

Name (Printed)

Address

City/State/Zip

Telephone