

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____
Case Name: _____
Case Number: _____
(if known)

AGREEMENT TO MEDIATE

By participating in this process, I acknowledge that:

- I agree to participate in mediation in good faith. I affirm my willingness to speak honestly and disclose information important to bringing this matter to a fruitful outcome.
- I understand that although I will participate in good faith, I am not required to settle my case during mediation.
- I understand that the mediator is an impartial person who will not provide me with legal advice and that I am entitled to have an attorney with me during this process if I choose to or to consult with an attorney during the process or before signing an agreement.
- I understand that if I do reach agreement through the mediation process, the agreement is legally binding and becomes a court order which can be enforced by the court.
- I understand that the mediation process and any settlement discussions that take place during mediation are strictly confidential, and that no part of the discussion with the mediator(s), except reports of child abuse/neglect or threats of violence to self or others, is ever reported outside the mediation session by the mediator or the parties, and may not be used against either party in subsequent hearings.
- I agree that I will not be able to subpoena the mediator as a witness in, or request the mediator's records for, any court, legal or administrative proceeding arising from the mediation and I understand the mediator will destroy any notes taken before or during the mediation.

REMOTE MEDIATION PROVISIONS

(Mediation by video or telephone)

By participating in this process, I acknowledge that:

- I understand that this agreement supplements the Agreement to Mediate. The provisions in this agreement do not negate, replace, abrogate, or in any other way change the provisions in the Agreement to Mediate
- I understand that I am fully responsible for the privacy at my location of the telephonic and/or video mediation session.
- I will ensure that only court-approved parties to the case are within hearing distance of my location unless previously agreed to by all parties.
- I agree that I will not record or permit the recording of all or any part of the mediation without the consent of all parties and the mediator. I will ensure that each additional attendee at the mediation for which I am responsible also acknowledges and agrees to this.
- If mediation is by video, have been informed of the mediator's video conference service provider and have had the opportunity to assess the provider's online security and agree to its use.
- I understand that most privacy and confidentiality breaches are due to user error. Therefore, I agree that I will not share or disclose any Meeting IDs and passwords of the mediation session.
- I understand that there may be risks in using a remote platform for a mediation and have freely consented to do so. The mediator is not liable, except as outlined in RSA 490-E.
- I understand that the remote mediation is considered "mediation" for the purposes of all applicable legislation, regulations, and rule.

Case Name: _____

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AGREEMENT TO MEDIATE

All parties to this Agreement must sign:

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	

_____ Name of Filer		/s/ _____ Signature of Filer	_____ Date
_____ Law Firm, if applicable	_____ Bar ID # of attorney	_____ Telephone	
_____ Address		_____ E-mail	
_____ City	_____ State	_____ Zip code	