

## MEDIATION RULES

**In order to help promote positive communication during mediation, we ask that you understand and observe certain rules. Please ask Conciliation Court Services staff if you have any questions regarding the following rules:**

1. I will be courteous and show respect. I will not interrupt when someone else is talking.
2. I will control my temper and express any anger in an appropriate manner.
3. I will not leave without the Mediator's permission. I understand that I may request a short break during the session.
4. I will be honest and share all information pertinent to the issues.
5. I agree that what happens in mediation is confidential and privileged information. I understand that **communications may be disclosed only if:**
  - a. All the parties agree to the disclosure.
  - b. The communication is relevant to a claim made by a party against the Mediator or the mediation program that arose out of a violation of a legal obligation.
  - c. The disclosure is required by statute. That includes mandatory and permissive reporting of child abuse or neglect.
  - d. The parties to the mediation are engaged in litigation with a third party and the Court determines that fairness to the third party requires that fact or substance of an agreement resulting from mediation be disclosed.
  - e. The disclosure is relevant to the subsequent enforcement of an agreement to mediate.
  - f. Threatened or actual violence that occurs during mediation is not privileged communication and may be disclosed by the Mediator.
6. I understand that the number of times we meet will be determined by the Mediator and office policy. I further understand that the Mediator is bound to inform the Court in writing, if an individual fails to appear for a scheduled conference.
7. I understand that the Mediator is not my lawyer and will not provide me with any legal advice. I further understand that it might be in my best interest to seek legal advice concerning matters relating to mediation, including agreements.
8. I understand that the Mediator is impartial, will not take sides, and will not make decisions for me. Furthermore, I realize that **I SHOULD NOT AGREE TO ANYTHING** unless I believe it is in the best interest for all parties concerned.
9. I will cooperate and focus my attention on discussing what is best for our child(ren).
10. **ONLY** the mother, father and any other actual named case parties will be allowed to participate in mediation unless instructed otherwise by the Mediator.
11. Tape recorders are **NOT** permitted.
12. **NO** weapons of any kind are permitted.

By my signature I acknowledge that I understand the Mediation Rules and agree to abide by them.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Case Number \_\_\_\_\_

**RETURN THIS FORM BY MAILING IT TO P. O BOX 7000, KINGMAN, AZ 86402-7000.**

Superior Court of Mohave County  
Conciliation Court Services  
"The Mediation Center"  
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