

***Common Ground Mediation
Marriage Mediation Contract***

Agreement made _____, 201__ by and between:

Mediator: June Adams Johnson
Common Ground Mediation
8 Elm Street
Groton, MA 01450
Telephone: (978) 448 – 3131

Co-mediator:

Client: _____
Name

_____ Street

_____ City State Zip Code

_____ Home telephone

_____ Work, or if preferred cell phone number

_____ Email (please print)

Client: _____
Name

_____ Street

_____ City State Zip Code

_____ Home telephone

_____ Work, or if preferred cell phone number

_____ Email (please print)

Please check one:

Clients agree to pay Mediator June Adams Johnson \$150 per 90 minute session for marriage mediation.

Clients agree to pay Co-mediators \$210 per 90 minute session for co-mediated marriage mediation.

Both Clients are each responsible for all costs of mediation. Payment for session time is expected on a pay-as-you-go basis at the conclusion of a session. The full hourly rate is charged for missed appointments, without at least 24 hours notice, unless an emergency.

Both Clients represent that they understand the Mediator, or Co-mediator, is not serving as attorney or therapist for either of them or both of them. They may seek advice from such other professionals in law, accounting, counseling, etc., as he or she individually feels the need.

Mediator(s) accepts employment as Mediator(s) of the issues of their marriage of the Clients on the conditions that Clients agree to:

- a. Disclose all necessary and relevant information fully and completely.
- b. Participate in a good faith effort to reach a reasonable and satisfactory result.
- c. Maintain the confidentiality of the mediation and not to seek the testimony or records of Mediator(s) in any Court proceeding. Breach of this provision shall obligate the breaching client, to pay all of Mediator's costs including mediator time, attorney's fees or other costs associated thereto.

Mediator(s) shall maintain the confidentiality of the mediation and shall not disclose any information to a third party without prior consent of both parties.

As a matter of disclosure, _____ as a Mandated Reporter under their license to practice as a mental health professional in the Commonwealth of Massachusetts must report all cases of suspected child abuse or neglect and suspected cases of elder abuse and neglect to the appropriate agencies for investigation and evaluation, as well as report planned, or intended, suicidal and homicidal actions to the appropriate authorities.

File Retention and Destruction: At the conclusion of this matter, we will retain your files for a period of seven years after we close our file. At the expiration of the seven year period, we will destroy these files unless you notify us in writing that you wish to take possession of them. We reserve the right to charge administrative fees and costs associated with researching, retrieving, copying and delivering such files.

CLIENT

MEDIATOR

CLIENT

MEDIATOR