

Diane M. Harvey, LCSW
Clinical Social Worker/Mediator
12335 Hymeadow Drive, Suite 450
Austin, Texas 78750
(512) 448-5895

Agreement to Mediate

We, NAME and NAME, are involved in a disagreement. We wish to reach a cooperative settlement of the issues involved in our dispute and therefore make the following agreement:

1. We will mediate the following issues:

2. The mediation will be conducted by Diane M. Harvey. The parties will pay \$200 per hour of mediation (rounded to the quarter hour) and such amount will be due and payable at the end of the mediation session. Acceptable forms of payment are cash, check, Mastercard or Visa.
3. The parties agree that the fee will be:
 shared equally by the parties.
 paid by_____.
4. We have been advised that we should consult independent legal counsel as needed during the process. We have been informed that we will be able to contact an attorney at any time during the mediation session. We voluntarily choose to mediate our differences.
5. We have also been advised that we will be able to call any other professional counsel as needed during the process. That information can be, but is not limited to financial, real estate, or value appraisal.
- 6(a). We have been advised that if we come to an agreement and choose not to honor it, it is not binding and the issue(s) may need to be resolved through the court system or another alternative method.
- 6(b). We have been advised that if we come to a partial agreement, a subsequent mediation session can be scheduled or the remaining issue(s) can be resolved through the court system or another alternative method.

SIGNED on this ___ day of ____, _____

NAME

NAME

Diane M. Harvey, Mediator