



MINNESOTA OFFICE OF ADMINISTRATIVE HEARINGS

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MEDIATION & CONFIDENTIALITY AGREEMENT

RE:

File No.: M-

Mediation Date:

We agree to participate in the Mediation Program offered by the Office of Administrative Hearings/Workers' Compensation Division. We hereby acknowledge and agree that all statements made and information exchanged during the mediation session will be confidential. We understand that mediation is a process in which we will focus on finding a resolution to the issues in dispute, and agree to participate with that goal in mind. Mediation is voluntary and each participant must agree on resolution.

We further understand and agree that mediation does not provide legal advice or counseling and that we will not involve the mediator in any court proceedings which might continue or arise in the future.

Signature	Title	Date
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Signature	Title	Date
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