

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board

---

## CONSENT TO MEDIATE

Case # \_\_\_\_\_

This is an agreement between \_\_\_\_\_,  
\_\_\_\_\_ (the parties), and  
\_\_\_\_\_, \_\_\_\_\_, (the mediators),  
to enter into mediation.

1. The parties agree to make a good-faith effort to work together with the aid of the mediators and to make full disclosure of all relevant information.
2. Everyone understands that the mediators are neutral facilitators who will help the parties develop their own solutions. Mediation is not a substitute for independent legal advice and the mediators are not acting as attorneys.
3. Everyone agrees the mediation is confidential. This means that any communications shared between the parties during the mediation process may not be disclosed to any other person, unless as otherwise agreed below. Agreed-upon exceptions to confidentiality are:
  4. Information originating for and during the mediation will be used only for the purposes of the mediation, except as required by law.
  5. The mediators will not be witnesses, nor will their documents be subpoenaed. However, the mediators are bound to report information relating to dependent abuse and/or commission of future crimes.
  6. While all of us intend to continue with mediation until an agreement is reached, anyone may withdraw from mediation at any time. If a party decides to withdraw from mediation, s/he will make best efforts to discuss this decision with the other party and the mediators.
  7. The mediators will stop the mediation if they feel an impasse has been reached, if they cannot maintain their neutrality, or if, for any other reason, they cannot perform their role in an ethical and effective manner. The mediators will also make best efforts to discuss this decision with the parties.
8. The parties waive any right of action they may have against the mediators for any allegation of wrongful conduct on their part while acting in the course of mediation.

\_\_\_\_\_  
Party (Signature and Date)

\_\_\_\_\_  
Party (Signature and Date)

\_\_\_\_\_  
Mediator (Signature and Date)

\_\_\_\_\_  
Mediator (Signature and Date)

Additional lines for other participants  
Please state role (i.e.: party, observer, representative, etc.)

\_\_\_\_\_  
(Signature and Date)

*This Consent to Mediate is **not** confidential.  
However, it is a sensitive document and should be treated accordingly.*

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board

## PRIMARY MEDIATOR CHECKLIST

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

Primary Mediator \_\_\_\_\_ Co-mediator \_\_\_\_\_

Mediation Date(s) \_\_\_\_\_

Date received case assignment \_\_\_\_\_

Date received case/client contact information \_\_\_\_\_

Date of first contact with: Party 1 \_\_\_\_\_  
Party 2 \_\_\_\_\_  
Party 3 \_\_\_\_\_

Please return the following completed forms to: Shared Neutrals Program Coordinator  
Federal Building, Room 1776  
1220 SW Third Avenue  
Portland, OR 97204

- Primary Mediator Checklist
- Consent to Mediate Form
- Debriefing Critique Form
- Client Evaluation Forms (if mediators collect them)

### Please answer the following questions:

**Type of Case/Conflict:** (Please check all that apply)

- Employee/Employee    Employee/Supervisor    Interpersonal    Crosscultural  
 Unlawful Harassment    Union Grievance    EEO    Other \_\_\_\_\_

**Outcome:**    Successful    Mixed    Unsuccessful

(Please briefly describe mediation outcome, such as the degree of resolution reached)

---

---

---

---

---

**Total Mediation Hours:** \_\_\_\_\_ **Primary** \_\_\_\_\_ **Co-mediator** \_\_\_\_\_

(Please include case development, scheduling, mediation, debriefing AND co-mediator hours in total mediation hours)

**Travel Time** \_\_\_\_\_ **Travel Expenses** \_\_\_\_\_

(Please include travel time and expenses of co-mediator)

# Mediator Checklist

## Page 2

### General Procedures:

- Contact all involved parties within 48 hours of receiving case assignment**
  - Schedule date of mediation (preferably within 2 weeks of case assignment)
  - Review mediation process
  - Complete case development
- Enlist the assistance of a co-mediator**
  - Devise strategy for co-mediating case
- Inform Program Coordinator of co-mediator selected and date of mediation**
  - Inform Program Coordinator of any changes

### At the mediation session:

- Write case number on all forms before distributing or completing**
- Everyone present signs Consent to Mediate form before mediating**
- Each participant receives copy of Mediated Agreement form (if completed)**
  - Mediators do NOT retain a copy of the agreement
- Distribute evaluation form and envelope to each participant**
  - Collect completed forms OR encourage participants to mail back
- Debrief with your co-mediator, (using the Mediator Critique form)**
- Complete and return debriefing critique form**
  - Obtain stamped, pre-addressed envelopes from the Program Coordinator
- Return all forms to:**
  - Shared Neutrals Program Coordinator
  - Federal Building, Room 1776
  - 1220 SW Third Avenue
  - Portland, OR 97204
- Send travel documentation to Agency Liaison or designated official for agency**

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board

---

## MEDIATED AGREEMENT

between

\_\_\_\_\_  
\_\_\_\_\_

Having participated in mediation session(s) on \_\_\_\_\_,  
and being satisfied that we have reached a fair and reasonable agreement, we hereby  
agree as follows:

1) This agreement is confidential. Agreed upon exceptions are:

\_\_\_\_\_  
2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Mediator)

\_\_\_\_\_  
(Mediator)

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange

Sponsored by the Oregon Federal Executive Board

---

## EVALUATION

Case # \_\_\_\_\_ Mediator Names: \_\_\_\_\_

Your satisfaction is our primary concern. Your honest feedback of the process you participated in is very important. Please answer the questions by circling responses that most accurately represent your view. Please comment where you feel it is appropriate.

**Your feedback is useful to the quality of our program. Thank you.**

1. How would you rate the quality of the mediation services?  
5                      4                      3                      2                      1  
Excellent              Good                      Average              Fair                      Poor
2. Did the services meet your needs?  
5                      4                      3                      2                      1  
Almost All              Most                      Some                      Few                      None
3. Did you feel the services or processes were fair and impartial?  
5                      4                      3                      2                      1  
Yes                      Mostly                      Average                      Somewhat                      No
4. Do you feel your situation will improve as a result of using mediation?  
5                      4                      3                      2                      1  
Yes                      Somewhat                      Undecided                      Not Much                      No
5. Please rate listening and communication skills of the Shared Neutrals mediators:  
5                      4                      3                      2                      1  
Excellent              Good                      Average                      Below Average                      Poor

6. Would you rate this mediation as successful? Why?

---

---

7. Would you recommend this service to your co-workers? Why?

---

---

8. Do you have any suggestions for how to make this service more useful or responsive?

---

---

Please complete and return this evaluation to:

OFEB Shared Neutrals Program  
Federal Building - Room 1776  
1220 SW Third Avenue  
Portland, OR 97204-2823

Your Name (optional)

SN/client evaluation updated 5/27/03

# SHARED NEUTRALS

An Alternative Dispute Resolution Exchange  
Sponsored by the Oregon Federal Executive Board

---

## MEDIATOR DEBRIEFING CRITIQUE

Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Mediator Evaluated: \_\_\_\_\_

Approximate number of mediations *evaluator* has performed: \_\_\_\_\_

1. Please rate your fellow mediator on the following criteria (Key: 1=poor, 5=excellent)
2. Share critique with your fellow mediator and return critique to the Program Coordinator with the rest of the case paperwork. Thanks!

	1	2	3	4	5	na	COMMENTS
<b>Adhered to relevant OMA's Core Standards:</b>							
- Self Determination of parties							
- Informed Consent							
- Impartial Regard							
- Confidentiality							
- Competence (knowledge & skills)							
- Encourage Good Faith Participation							
- Dual Role Limitations (where applicable)							
<b>Listening Skills</b>							
<b>Rapport with parties</b>							
<b>Interaction &amp; coordination with <i>other mediator</i></b>							
<b>Procedural – Clear explanation of Agreement to Mediate, etc.</b>							

Best: \_\_\_\_\_

Bloopers: \_\_\_\_\_

Comments: \_\_\_\_\_

---

This form has been revised by the Personnel Committee to be more generic and to reflect the adoption of the OMA Core Standards (available in full at [www.omediate.org](http://www.omediate.org)). 1/16/2002-kaw