STATE OF INDIANA)
) SS:
COUNTY OF MARTIN)

IN THE SUPERIOR COURT OF MARTIN COUNTY
CIVIAL DIVISION
CAUSE NUMBER _____

IN RE THE MARRIAGE OF:

Petitioner

Vs.

Respondent

Vs. _____

WAIVER TO MEDIATE WITH-OUT ATTORNEY(S)

I, _____, represent the Petitioner/Respondent, _____, in the above captioned cause of action. I understand that he/she has been invited to participate in a facilitation process to be held on the ____day of _____, 2006 with a Family Mediation Center certified family mediator.

I have advised him/her of his/her rights and of the fact that the mediation is an effort to reach resolution. He/She has decided due to the cost factor, that he/she will participate alone. My client is aware of the phone number where I can be reached for consultation if so desired during the course of the mediation process.

He/She has hereby: A) been given B) not been given - the authority to settle or reach a compromise without my presence being required or my signature on the agreement.

Attorney for Petitioner Date	Attorney for Respondent Date
Address	Address
Office Phone Fax Number	Office Phone Fax Number