

Shared Neutrals ADR Program (SNAP)
Sponsored by the
South Florida Federal Executive Board
440 Sawgrass Corporate Parkway
Suite 212
Sunrise, Fl. 33325

ADR Participant 1
Address
City, State, Zip Code

Dear Mediation Participant:

Thank you for your interest in the Shared Neutrals ADR Program (SNAP). This letter confirms your agreement to participate in mediation to attempt resolution of a work-related dispute and also outlines how the Shared Neutrals ADR Program may help you to resolve your situation.

I am enclosing a copy of the "Consent To Mediate" Form for your review. You do not need to return this form prior to the mediation session. However, each person present at the mediation must sign one of these forms at the session before the mediation can proceed. The Mediators shall have the "Consent To Mediate" Form available. I am also enclosing a brochure describing the SNAP Program.

As described in the enclosed information, and as the Mediators shall explain, with the exception of criminal activity, allegations of harm and threats of harm to self or others, and issues of waste, fraud and abuse, matters discussed in the session are confidential and will not be revealed to anyone else. No report is made of the matters discussed during mediation. The mediation session itself will be described in minutes, which shall only state the following: Who participated in the mediation session; who the Mediator was; the date and length of the mediation session; and whether an agreement was reached.

Before the mediation session, please do the following. This will help make the session easier and more productive.

- Review the "Consent To Mediate" Form.
- Consider preparing a few notes or outline your thoughts.
- Think about why the dispute exists, as this is the first step towards resolution of the conflict. However, try not to assess blame for the situation.
- List your interests to be met for a satisfactory resolution. Your interests should be viewed from the perspective of creative problem solving. List each interest and try to prioritize their degree of importance.
- Try to list the interests and concerns of the other party. Speculate freely and list reasons that they might have to settle the case.

- Bring a list of unanswered questions to be directed to either the other party or the Mediator for discussion during the mediation session.
- Write down as many settlement options as you can, even if a settlement option will only resolve part of a situation. Your list of potential settlement options, when added to those of the other party, will be the framework of settlement discussions. Think about your *interests*, rather than the *merits* of the case.
- Try to consider your expectations of future contacts with the other party after the negotiations. If you will be working together every day, the nature of your negotiations may be different than if you anticipate no significant future contact.

Please keep in mind that participation in mediation is voluntary. The Mediators ask that you come to the mediation session willing to negotiate, be open and listen to the other person(s). There shall generally be two SNAP Mediators at the session to help guide you through the process. They will not make decisions for you, nor shall they be advocates for either side. Their job is to help you and the other person(s) make your own decisions and arrive at your own resolution.

It is important that you are informed about and have developed your alternatives. Please collect any information, documents and facts you are likely to need before the mediation session.

Sometimes an Observer is given the opportunity to attend a mediation session for training purposes. The Observer may be a Mediator or other person associated with the SNAP Program, but shall **not** be someone from your agency. The Observer shall have no active participation in the mediation session, is bound by the same rules of confidentiality as the Mediators and shall sign the same confidentiality agreement as all parties. **Having the Observer attend the mediation session is strictly voluntary and you can at any time request that the Observer not be present.**

While each mediation is different, here is a brief outline of a typical mediation process:

1. Mediator Opening Statement: The Mediators explain the process, rules and roles of the participants.
2. Your Statement: You shall have an uninterrupted chance to explain the situation from your viewpoint.
3. Agenda: You shall develop a list of issues to be resolved.
4. Discussions: You shall work with the other party to develop solutions to each issue on your list.
5. Caucus: If they feel it would be useful, the Mediators may hold a private, confidential meeting, called a caucus, with

you during the mediation session.

6. Agreement: Once you have reached resolution with the other person(s), a written agreement shall be produced and signed by all parties.

It is the Mediators' responsibility to structure the session to facilitate resolution. However, you shall make all decisions about how you want to resolve your situation. Mediation sessions are often 6-8 hours long. Additional sessions may be scheduled as necessary as long as the Mediators determine that they may be productive.

After the completion of the mediation process, you will be asked to fill out a "Mediation Assessment" Form. This form provides us critical feedback on our program and on the effectiveness of the SNAP Mediators. It is requested that you fill out this form and return it to us as soon as possible after the process is completed.

If you have any questions concerning the mediation process, or the SNAP Program in general, please feel free to see your agency SNAP Liaison, or contact the any of following people:

South Florida Federal Executive Board
Jaqueline Arroyo
Executive Director
(954) 846-8248
Jarroyofeb@aol.com

SNAP Interagency Mediation Council
Magaly D. Alino
Chairperson
(305) 869-2688
Magaly.d.alino@customs.treas.gov

SNAP Interagency Mediation Council
Crispina Castillo
Vice Chairperson
(305) 530-6076 ext. 322
Crispina.r.castillo@usdoj.gov

Sincerely,

Enclosures: "Consent To Mediate" Form
SNAP brochure

Shared Neutrals ADR Program (SNAP)

CONSENT TO MEDIATE Form D

To be completed by all parties:

I will sincerely attempt to resolve this dispute, agree to cooperate with the Mediator(s) assigned to this case, and give serious consideration to all suggestions made in regard to developing a realistic solution to the issue(s).

I understand that the Mediator(s) assigned to this case will not be serving as an advocate, attorney or judge. His/her sole function is to act as a neutral third party. Any agreements or decisions resulting from this mediation session are entered into voluntarily and by mutual acceptance of the parties.

I recognize that mediation is an attempt to settle issues raised by the participating parties. Mediation discussions are confidential. The concessions either party make in an unsuccessful attempt to settle the issue(s) cannot be used against that party in any future proceedings. I agree not to call the Mediator(s) as a witness in any such proceedings. I also understand that I may not subpoena or attempt to require the Mediator(s) for this case to testify or produce records, notes, or a work product in any future proceedings and that no recordings or stenographic records will be made of the mediation session.

I realize that mediation is not instantaneous. I agree to make myself available for as much time as is determined necessary by the Mediator(s); usually a *minimum* of four hours is required to give the process a fair opportunity to succeed.

I understand that no party shall be bound by anything done through mediation unless a written settlement is reached and executed by the parties. If a settlement is reached, the agreement shall be reduced to writing, and when signed and approved by the appropriate authorities for all parties, I agree to be bound by the agreement. Furthermore, all parties agree that no retaliatory actions shall be taken as result of entering into or as result of withdrawal from mediation.

Agreed to and executed on this _____ day of _____, 2 _____

Complainant

Complainant Signature

Agency Respondent

Agency Respondent Signature