Case name:	Case number:
Date of entry of Order of Referral to Mediation	on:
Name of mediator:	Phone number:
	NTIALITY AGREEMENT AND ION ACKNOWLEDGEMENT
IT IS HEREBY AGREED by the mediation parti	icipants,
(insert all persons, a	attorneys and others present)
	, mediator, onfidential and privileged, not subject to discovery or extent provided by the Uniform Mediation Act, 710 ILCS
	otherwise admissible or subject to discovery does not a solely by reason of its disclosure or use in mediation.
	be called as a witness in any proceeding related to the ers that involve a mediation communication that is not 0 ILCS 35/1, et. seq.
It is further acknowledged by the parties that the	mediator,
	, and the mediator's firm or organization,
are not acting as attorney to any of the partie providing legal advice to any of the parties.	es, are not representing any of the parties, and are not
DATED:	Mediator
Petitioner	Respondent
Attorney for Petitioner	Attorney for Respondent
Other Participant for Petitioner	Other Participant for Respondent
Other Participant for Petitioner	Other Participant for Respondent