

**McLeod ADR, LLC**

P. O. Box 2217,  
Fairhope, Alabama 36533

**General Civil  
MEDIATION PARTICIPATION & CONFIRMATION**

**G. Kennedy McLeod, Jr. (251.279.0714) Case No.:** \_\_\_\_\_  
**Mediation Date:** \_\_\_\_\_ **Party (your client):** \_\_\_\_\_  
**Case Style:** \_\_\_\_\_  
**Location:** \_\_\_\_\_

It is agreed by the Parties that Counsel must have their clients and/or persons with final decision making settlement authority available to participate in the mediation. Although attendance is critical, participation by telephone may be appropriate after obtaining advanced clearance by the Mediator.

*Please provide the names and titles of all persons participating on your behalf:*

**Pre-Mediation Submissions:** Mediator desires a Confidential Position Statement (less than 10 pages) from all parties to educate the mediator and expedite mediation. Any of the below items may also be submitted. (Please discuss between counsel and mediator)

Confidential Statements and/or Documents, Expert Reports to Mediator **ONLY: Yes** \_\_\_

Positional Statements to be presented to Mediator & Parties. Yes \_\_\_.

Pleadings & Documents copied to all, including Mediator: Yes \_\_\_

Video, Audio-Visual and/or CD's to: \_\_\_ Mediator Only \_\_\_ All, including Mediator

**Participants with Authority:**

I represent that \_\_\_\_\_  
shall participate in the mediation with FULL authority to settle.

Counsel signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE FAX OR EMAIL TO THE MEDIATOR COPY TO ALL PARTIES BY

\_\_\_\_\_,  
FAX: 251.928.1525 \* EMAIL: kennedy@mcleodadr.com