Maryland Department of Human Services

Child Support Administration

Access and Visitation Program

Mediation Confidentiality Agreement

I am attending a mediation as part of the Maryland Department of Human Services, Child Support Administration Access and Visitation Program. My attendance is (check one):

**Court Ordered** \_\_\_

**Voluntary** \_\_\_

I understand that any information presented or discussed in the mediation is confidential pursuant to Section 1-201 of the Human Services Article, Md. Ann. Code, and that re-disclosure of this information is contrary to law and is a criminal offense punishable by fine or imprisonment.

By signing this agreement, I agree that I am responsible for complying with the law and will not re-disclose any information presented at the mediation, except as permitted by law. If I attend the mediation remotely, I will not record the mediation and I will not allow any other person at my location to see or hear the mediation.

The date of the meeting is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Signature Date

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

# Print Name

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

# Relationship to Child/Purpose of Attendance

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**Witness/Notary Public Date**

**Attach a photocopy of attendee’s ID. This form must be notarized if not witnessed at the Access and Visitation Office or Courthouse.**