

STATE OF INDIANA)
)§: **IN THE DELAWARE CIRCUIT COURT NO. ____**
DELAWARE COUNTY)

 Petitioner

And **CAUSE NO. _____**

 Respondent

WAIVER

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
_____, _____.

I have advised him/her of his/her rights and of the fact that the Facilitation is an effort to reach a
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 Facilitation. He/She has hereby been given the authority to settle or reach a
compromise without my presence being required or my signature on the agreement.

Date

Attorney for Petitioner/Respondent

Date

Petitioner/Respondent