



AGREEMENT TO SUBMIT TO MEDIATION

**CMCI File**

**Plaintiff:**

**Defendant:**

**Insurer:**

**Date of Accident:**

1. The undersigned hereby agree to submit the above-captioned claim/dispute to non-binding mediation.
2. The undersigned further agree that this claim shall be submitted to COMMONWEALTH MEDIATION AND CONCILIATION, INC. (CMCI) for non-binding mediation in accordance with the CMCI Mediation Rules, which rules are incorporated by reference herein and Massachusetts General Laws, Ch. 233, §23c.
3. All fees and expenses shall be paid in accordance with the fee schedule provided by CMCI.

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Plaintiff's Attorney

\_\_\_\_\_  
Defendant's Attorney

ESTIMATED HEARING TIME: \_\_\_\_\_

NUMBER OF WITNESSES: PLAINTIFF: \_\_\_\_\_ DEFENDANT: \_\_\_\_\_