

**JENNY RIMMER MEDIATIONS**  
Mediation and Family Dispute Resolution Services



**Principal:**  
Jennifer Rimmer LLB; Grad Dip Legal Practice

Nationally Accredited Mediator  
Registered Family Dispute Resolution Practitioner

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**SUPPORT PERSON CONFIDENTIALITY AGREEMENT FOR MEDIATION**

1. I will be attending the mediation with \_\_\_\_\_ (*insert party's name*) to assist him/her with the mediation which is to take place with Ms Jennifer Rimmer, Mediator.
2. I understand that all written and oral communications, discussions, negotiations and statements made in the course of mediation will be treated as privileged settlement discussions and are absolutely confidential.
3. Therefore I agree:
  - a) I will not discuss with or reveal anything of any matter disclosed to me about anything said or discussed at the Mediation to any other person at any time without the permission of both parties provided to me in writing, whether I receive that information from \_\_\_\_\_ (*insert party's name*), their lawyer or the Mediator.
  - b) I will not at any time after mediation give evidence or produce documents (whether subpoenaed or not) in any legal or administrative proceedings concerning the dispute of any matter disclosed to me about anything said or discussed at the Mediation, whether I receive that information from \_\_\_\_\_ (*insert party's name*), their lawyer or the Mediator.
  - c) I will not share the content of any online chat or other document or communication with anyone not part of the mediation process.
  - d) To immediately bring to the attention of the mediator if they can hear and/or see any content of a private session or breakout discussion that does not include them, including breakout rooms on video conferences.
  - e) Not to share the video or telephone conference link and/or password with any person not part of the mediation.

4. I will be attending by:

Video Conference

By Phone

In Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_