ADR CONCIERGE AGREEMENT & REGISTRATION

Both Parties' Full Names: _____

_____

Attorney Name: _____ Firm: _____

Attorney Email: _____

Attorney Billing Contact & Address: _____

_____

If both attorneys will participate in the call, please complete second attorney info:

Attorney Name: _____ Firm: _____

Attorney Email: _____

Attorney Billing Contact & Address: _____

_____

1. I agree to retain Dr. Lysne as ADR Concierge to assist in the design of an ADR process for the case/Parties listed above.

2. I understand that this role is confidential, except for disclosures that may be required in Dr. Lysne's capacity as a mandated reporter (abuse or neglect of children, elders or vulnerable adults or threats to hurt oneself or others). Dr. Lysne will not produce a report or provide expert opinion or testimony unless specifically agreed to in a separate Agreement for a role other than ADR Concierge.

3. I understand that there is no expectation that Dr. Lysne will provide the ADR services designed and that providing these ADR Concierge services may create a conflict that

prevents her from providing any ADR services on the case.

4. The flat fee for this ADR Concierge service is $300 which will cover the cost of the consultation, up to one hour by phone, Zoom or other video conferencing. This fee will be paid in advance of the consultation. If both attorneys will participate in the consultation call, the cost of the service may be shared.

SIGNATURE

I agree to use Kirsten Lysne as ADR Concierge according to the terms outlined above.

_____	_____
Attorney Signature	Date
_____	_____
Print Name	Firm Name
_____	_____
Attorney Signature	Date
_____	_____
Print Name	Firm Name