

**AGREEMENT TO MEDIATE**

The undersigned, intending to be legally bound hereby, agree(s) to submit the above captioned fee dispute to the Fee Dispute Committee of the Lycoming Law Association for mediation and such mediation will be conducted in accordance with the Rules of the Lycoming County Fee Dispute Resolution Committee and the American Bar Association Model Standards of Conduct for Mediators.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant, Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant, Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney

**Please complete and return the “Data Sheet” and “Agreement to Mediate” and mail them to:**

**Lycoming Law Association  
Executive Director  
25 West Third Street, Suite 601  
Williamsport, PA 17701**