

ADR ACKNOWLEDGEMENT

| I <u>,</u> | , hereby acknowledge Ihave |
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| received, reviewed, and understand | the Alternative Dispute Resolution (ADR) information |
| provided by the Law Offices of the questions to utilize this service. | Public Defender. My contact is <u>LOPD-HR@lopdnm.us</u> for |
| questions to utilize this service. | |
| | |
| Employee Signature | Date |