

Office of Dispute Resolution

Conasauga Judicial Circuit

P.O. Box 1066

Dalton, Georgia 30722



Phone: 706-278-5897

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MEDIATION SCHEDULING FORM

STEP ONE

Case #: _____ - CI - _____

County (circle one): Murray / Whitfield

Style of Case: _____

vs. _____

Name of Mediator: _____

Location of Mediation: _____

Date of Mediation: _____

Time of Mediation: _____

STEP TWO PLAINTIFF'S INFORMATION

DEFENDANT'S INFORMATION

Name: (Last, First, MI) _____

Name: (Last, First, MI) _____

Mailing Address _____

Mailing Address _____

City, State, and Zip _____

City, State and Zip _____

Phone and email address _____

Phone and email address _____

Attorney's Name & Number/Fax _____

Attorney's Name and Number/Fax _____

STEP THREE

No unilateral scheduling/re-scheduling is permitted. **By signing below, I am stating that the choice of mediator, date, time, and location listed above is the result of a mutual decision made between Plaintiff (s), Defendant (s) and Mediator.**

Printed Name: (Last, First, MI) _____

Attorney Office _____

Signature Required _____ / Date

Phone _____

Please give a brief description of any special circumstances: _____

It is essential that copies of all documents bearing on issues to be resolved be brought to the mediation session (financial, medical, business, etc.)

STEP FOUR

Domestic Relations Only (circle all that apply):

Concerns of Abuse: YES / NO

Divorce: Alimony / Child Support / Custody / Debt Division / Property Division

Modification: Alimony / Child Support / Custody / Visitation

Legitimation: Child Support / Custody / Visitation

Divorcing Parents Seminar (Attended): Plaintiff: Yes / No

Defendant: Yes / No