

Office of Dispute Resolution

Conasauga Judicial Circuit

P.O. Box 1066

Dalton, Georgia 30722



Phone: 706-278-5897

Fax: 706-278-6900

MEDIATION RESCHEDULING FORM

STEP ONE

Case #: _____ - CI - _____

County (circle one): Murray / Whitfield

Style of Case: _____

vs. _____

STEP TWO

Originally Scheduled Mediation Session

Name of Mediator: _____

Location of Mediation: _____

Date of Mediation: _____

Time of Mediation: _____

STEP THREE

Rescheduled Mediation Session

Name of Mediator: _____

Location of Mediation: _____

Date of Mediation: _____

Time of Mediation: _____

STEP FOUR

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.)

If you are choosing a new mediator, you are responsible for canceling with the original mediator within forty-eight (48) hours of scheduled mediation session. NOTE: You will also be responsible for any fees associated with work done by prior mediator in his/her preparation for your originally scheduled session.