

*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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney Phone/Fax

\_\_\_\_\_  
Attorney Phone/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 one):

**Concerns of Abuse:** YES / NO

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

**Modification:** Alimony / Child Support / Custody / Visitation