

Fulton County Office of Alternative Dispute Resolution
160 Pryor Street, Suite J3-G26 ■ Atlanta, Georgia 30303
Office: 404-612-4549 ■ Email: SCA.ADRstaff@fultoncountyga.gov

SUPERIOR AND STATE COURT
CIVIL MEDIATION INITIATION FORM

This form is for the initiation of mediation through the Fulton County Office of Alternative Dispute Resolution. **The case must be an active case in Fulton County in order to initiate mediation through our office.** Plaintiff should forward this completed form to the Fulton County Office of Alternative Dispute Resolution via email as well as provide a courtesy copy to all parties.

COST: Civil cases not involving domestic relations issues, parties are offered one 3-hour mediation session at a cost of \$115 per party through the Office of Alternative Dispute Resolution. **Payment is due in advance by attorney firm or client. To pay online please visit our website at www.fultoncourt.org/adr.** If more than three hours are needed and the parties agree to continue, the parties will be responsible for splitting the cost at the completion of the session at the Mediator's rate.

SECTION A:

Date:	Civil Action File No:
Case Style:	
Assigned Judge:	
<input type="checkbox"/> Mediation was court ordered on ____/____/____.	
<input type="checkbox"/> Mediation has NOT been court ordered. However, all parties agree to initiate mediation.	

SECTION B:

Please list name and contact information for each party/representative requiring notice for mediation from our office. Please note that the appearance of all parties is required at mediation conferences. Additionally, the presence of a representative with authority to settle without further consultation (except by an immediate telephone consultation) is required by the court, particularly where the decision to settle involves any entity other than a party. Appearance by telephone may be permitted for non-resident parties.

Name:	Name:
Firm/Agency:	Firm/Agency:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Contact Number:	Contact Number:
Fax Number:	Fax Number:
Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff's Counsel <input type="checkbox"/> Defendant's Counsel <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other:	Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff's Counsel <input type="checkbox"/> Defendant's Counsel <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other:

Name:	Name:
Firm/Agency:	Firm/Agency:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Contact Number:	Contact Number:
Fax Number:	Fax Number:
Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff's Counsel <input type="checkbox"/> Defendant's Counsel <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other:	Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff's Counsel <input type="checkbox"/> Defendant's Counsel <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other:

SECTION C:

TYPE OF CASE: <i>please specify case type</i>			
<input type="checkbox"/> Contract/Account Buyer Plaintiff, Seller Plaintiff, Employment, Fraud, Mortgage Foreclosure, Rental/Lease, etc.	<input type="checkbox"/> Tort Auto Accident, intentional, Legal Malpractice, Medical Malpractice, Premises Liability, Product Liability, Toxic Substance, Slander/Libel/Defamation, etc.	<input type="checkbox"/> Real Property Ejectment, Eminent Domain, Lien, Title Dispute, etc.	<input type="checkbox"/> Other (<i>please specify</i>)
Briefly describe issues to be resolved:			

SECTION D:

SCHEDULING
Please list at least five possible dates in which all parties are available to mediate:
Please list any special accommodations needed for the purpose of the mediation session:

Person Completing Form: _____

Signature: _____

**You may email this form to the Office of Alternative Dispute Resolution at
SCA.ADRstaff@fultoncountyga.gov. Thank you.**