

Fulton County Office of Alternative Dispute Resolution
160 Pryor Street, Suite JG26 ■ Atlanta, Georgia 30303
Office: 404-612-4549 ■ Fax: 404-612-2614

**DOMESTIC RELATIONS
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.** If mediation has not been ordered by the court, all parties need to be in agreement to mediate before submitting this form. Plaintiff should forward this completed form to the Fulton County Office of Alternative Dispute Resolution via mail or fax as well as provide a courtesy copy to all parties.

COST: Domestic relations issues, parties are offered one 3-hour mediation session at a cost of \$100 per party through the Office of Alternative Dispute Resolution. **Payment is due in advance by attorney firm check, certified funds from the client, or credit card. To pay on-line 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, both 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"/> Plaintiffs Counsel <input type="checkbox"/> Defendants Counsel EI Insurance Company <input type="checkbox"/> Other	Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiffs Counsel <input type="checkbox"/> Defendants Counsel EI 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"/> Plaintiffs Counsel <input type="checkbox"/> Defendants Counsel EI Insurance Company <input type="checkbox"/> Other	Relationship to case: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiffs Counsel <input type="checkbox"/> Defendants Counsel EI Insurance Company <input type="checkbox"/> Other

SECTION C:

TYPE OF CASE: Please specify case type			
<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, 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 two possible dates in which all parties are available to mediate:
If requesting a particular mediator, please list name of mediator. Note: All parties must agree if requesting a particular mediator and the mediator must be on the Fulton County ADR Program's roster of approved mediators. Name of Mediator Requested: <input type="checkbox"/> N/A – Parties wish for ADR Office to select mediator
Please list any special accommodations needed for the purpose of the mediation session:

Person Completing Form: _____

Signature: _____

You may fax this form to the Office of Alternative Dispute Resolution at 404-612-2614. Thank you.