Coweta Judicial Circuit

ADR (Alternative Dispute Resolution) Program General Civil Initiation Form (GCIF)

If Attorneys/Parties select mediator a please provide scheduling informatio			n,
Date:	at	o'clock	m.
GODR registered mediator (name):			_
Location:			_

For Superior Court Cases, this form is to be **completed in full** and filed with the Clerk of Court when case is filed; a copy is to be provided to the ADR office for scheduling as indicated below. For non-Superior Court court cases, please send completed form directly to designated ADR Office for scheduling.

Carroll or Heard Co. Cases mail or fax to:

Carroll County ADR Office

Coweta, Meriwether or Troup Co. Cases mail or fax to:

Coweta Circuit ADR Program

Carroll or Heard Co. Cases mail or fax to:
Carroll County ADR Office
Carroll County Courthouse
311 Newnan St., Mediation Suite, 3rd Floor
Carrollton, GA 30112
PH: 770-830-5993; FAX: 770-830-0434

Coweta Circuit ADR Program
Troup County Government Center
100 Ridley Avenue, Mediation Suite 2500
LaGrange, GA 30240
PH: 706-883-2168/2170; FAX: 706-883-2169

Case Information (Must be completed in full):

County:	Case Number:	Filing Date:	Assigned Judge:
wish to receive all co	rrespondence by e-mail.**		do NOT submit your email address if you do not
	Thone Numbers: (If necessary,		on for additional parties and their respective attorneys.
ATTORNEY IN	FORMATION: (please comp	plete if party is unrepresente	d)
Plaintiff OR Pl	aintiff's Attorney:	Defendant OR I	Defendant's Attorney:
Name:			
Georgia Bar Nur	mber:	Georgia Bar Num	ıber:
		Address:	
	<u> </u>		
of contract, proba	te wills)		ate type of case i.e. personal injury, breach
			nages are being sought:
2. Are there any s	special circumstances which need	d to be taken into consideration?	(i.e., physical limitations, language, etc.)
	DATI	ED this the day of _	
Signature	Турес	1/Printed Name & Position	