

**WEST GEORGIA JUDICIAL CIRCUIT ADR PROGRAM  
(ALTERNATIVE DISPUTE RESOLUTION)  
GENERAL CIVIL MEDIATION INITIATION FORM**

Carroll County Courthouse  
311 Newnan Street,  
Carrollton, GA 30112  
Phone: 770-830-5993  
Fax: 770-830-0434  
Email: rdcarroll@carrollcountyga.gov

**If Attorneys/Parties select date and mediator,  
please provide scheduling information:**  
**Date:** \_\_\_\_\_  
**at** \_\_\_\_\_ **o'clock** \_\_\_ **m.**  
**Location:** \_\_\_\_\_  
**with neutral:** \_\_\_\_\_

**CIVIL ACTION FILE NUMBER:** \_\_\_\_\_ **COURT:** \_\_\_\_\_ **JUDGE:** \_\_\_\_\_  
**FILING DATE:** \_\_\_\_\_ **DATE OF SERVICE:** \_\_\_\_\_ **DATE OF ANSWER:** \_\_\_\_\_

**\*All notices, releases and communication will be sent by email. Please do NOT submit your email  
address if you do not wish to receive all correspondence by email\***

**Petitioner:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Preferred phone no. \_\_\_\_\_  
Alternate phone no. \_\_\_\_\_  
Email: \_\_\_\_\_

**Respondent:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Preferred phone no. \_\_\_\_\_  
Alternate phone no. \_\_\_\_\_  
Email: \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
Georgia Bar Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_  
Facsimile No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
Georgia Bar Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Facsimile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Will attorneys attend the mediation session: **Petitioner's Attorney:**  Yes  No  
**Respondent's Attorney:**  Yes  No

1. (A) Type of Case: \_\_\_\_\_  
(B) Brief description of the case including what relief, damages, or special damages are being sought: \_\_\_\_\_

2. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, language, etc.)  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name & Position