CARROLL COUNTY ADR (ALTERNATIVE DISPUTE RESOLUTION) PROGRAM **GENERAL CIVIL INITIATION FORM**

Carroll Office Location: Carroll County Courthouse 311 Newnan Street, 3rd Floor Carrollton, GA 30112

If Attorneys/Parties select mediator & schedule mediation, please provide scheduling information:
Date:
at o'clock m.
Location:
with neutral:

Phone: 770-830-5993 Fax: 770-830-0434 Example 2 and 1 and 2 and 1 and 2 and	Location:
Email: rdcarroll@carrollcountyga.com	with neutral:
CIVIL ACTION FILE NUMBER:	COURT: JUDGE:
FILING DATE: DATE OF SE	ERVICE: DATE OF ANSWER:
DATE OF REFERRAL: DOE	S THIS FILING CONTAIN A SIGNED AGREEMENT? Yes No
,	tion will be sent by email. Please do NOT submit your email wish to receive all correspondence by email*
Petitioner:	Respondent:
Address:	
Preferred phone no	Preferred phone no
Alternate phone no.	Alternate phone no
Email:	Email:
Attorney:	
Georgia Bar Number:	
Address:	Address:
Phone No.	Phone No.:
Facsimile No.	
Email Address:	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 wh	nat relief, damages, or special damages are being sought:
2. Are there any special circumstances which nee	ed to be taken into consideration? (i.e., physical limitations, language, etc.)
Signature Type	ed/Printed Name & Position