

COWETA JUDICIAL CIRCUIT ADR PROGRAM

The Mediation Center, 100 Ridley Avenue, Suite 2500, LaGrange, GA 30240

Phone: 706-883-2168/2170 Fax: 706-883-2169/706-298-3732

Civil Action #: _____ County: _____ Date Action Filed: _____

Complainant's Data

Name: _____ Home Phone:(____) _____ Bus.Phone:(____) _____

Address: _____

Attorney's Name: _____ Bus. Phone:(____) _____

Address: _____

Respondent's Data

Name: _____ Home Phone:(____) _____ Bus. Phone:(____) _____

Address: _____

Attorney's Name: _____ Bus. Phone:(____) _____

Address: _____

Case Information

Type of action:

Divorce _____ Modification of: _____ Alimony _____ Custody _____ Support

Other: _____

Issue(s) to be mediated: _____ Alimony _____ Property Division _____ Debt Division
_____ Child Custody _____ Child Support _____ Visitation

Other: _____

Will attorneys attend the mediation session? ___ Yes ___ No

Are there allegations of domestic violence or child abuse in this case? ___ Yes ___ No ___ Unknown
Are there concerns about the use of mediation in this case because of any special circumstances or safety is-
sues? ___ Yes ___ No ___ Unknown. (Please feel free to contact this office by phone to discuss.)

Comments: _____

****Special Instructions for Domestic Cases****: If children's issues are to be mediated, both parties are required to attend the parent seminar prior to scheduling the case for mediation. If applicable, provide the dates parties attended: Complainant _____ Respondent: _____. If issues to be mediated include child support, alimony, division of property, modification of alimony or support, each party must furnish the mediator with a copy of their financial affidavit which has been filed with the Court (U.S.C. R. 24.2).

Submitted by: (Form must indicate bar number and be signed)

Print Attorney Name and Bar #

Signature

Date