

Mediation Initiation Form
COWETA JUDICIAL CIRCUIT ADR PROGRAM

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

Phone: 706.883.2168/2170/2171 Fax: 706.883.2169

If *NOT* DOMESTIC send to: Elmira B. Barrow, Carroll County Mediation Ctr.,
207 Courtyard Square, Carrollton, GA 30117

Phone: 770.830.5993 FAX: 770.830.0434

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 issues? 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 _____