Office of Dispute Resolution
SEVENTH JUDICIAL ADMINISTRATIVE DISTRICT
P.O. BOX 963
CARTERSVILLE, GA 30120
www.7jad.com/adr

PHONE: (770) 387-4820

Civil and Domestic Mediation Scheduling Form

STEP ONE

Civil Action #: _____ County: _____

Style of Case: _____ vs _____

Name of Mediator: _____ Location of Mediation: _____

Date of Mediation: _____ Time of Mediation: _____

STEP TWO

PLAINTIFF'S DATA	DEFENDANT'S DATA
Name: (Last, First MI)	Name: (Last, First MI)
Mail Address	Mail Address
City, State and Zip	City, State and Zip
Phone	Phone
Attorney's Name	Attorney's Name
City, State and Zip	City, State and Zip
Phone / Fax	Phone / Fax

STEP THREE

No unilateral scheduling is permitted. **By signing below, I am stating that the choice of mediator, date, time, and location listed above is the result of a mutual decision made between Plainiff(s), Defendant(s), and Mediator.**

Print Name: (Last, First MI)	Attorney Office
Signature Required / Date	Phone

Please give a brief description of any special circumstances. _____

It is essential that copies of all documents bearing on issues to be resolved be brought to the mediation session (financial, medical, business, etc.)

STEP FOUR

Domestic Relations Only (please circle appropriate response)

Divorce: Alimony / Child support / Custody / Debt Division / Property Division
Modification: Alimony / Child Support / Custody / Visitation

Are there concerns of abuse (spouse, child, substance, etc) that are alleged or otherwise indicated? Y / N

Rev. 04/2025