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

PHONE: (770) 387-4820

Mediation Rescheduling Form

STEP ONE

Civil Action #: _____ County: _____

Style of Case: _____ vs _____

STEP TWO

Originally Scheduled Mediation Session

Name of Mediator: _____ Location of Mediation:_____

Date of Mediation: _____ Time of Mediation: _____

STEP THREE

Rescheduled Mediation Session

Name of Mediator: _____ Location of Mediation:_____

Date of Mediation: _____ Time of Mediation: _____

STEP FOUR

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 Plaintiff(s), Defendant(s), and Mediator.**

_____ _____

Print Name: (last, First MI) **Attorney Office**

_____ _____

Signature Required /Date **Phone number**

********Please indicate the reason for rescheduling:***

_____

_____

NOTE: It is essential that copies of all documents necessary to assist in the resolution of the case be brought to the mediation session (i.e. financial affidavits etc.)

Rev. 04/2025