

Fulton County Office of Alternative Dispute Resolution
160 Pryor Street, Suite J3-G26 ▪ Atlanta, Georgia 30303
Office: 404-612-4549 ▪ Email: SCA.ADRStaff@Fultoncountyga.gov

JUDICIALLY HOSTED SETTLEMENT CONFERENCE
CIVIL MEDIATION INITIATION FORM

This form is for the initiation of mediation through the Fulton County Office of Alternative Dispute Resolution. The Plaintiff should forward this completed form to the Fulton County Office of Alternative Dispute Resolution via email as provide a courtesy copy to all parties **within ten days**.

COST: Parties on civil cases not involving domestic relations issues are offered one 4-hour mediation session at a cost of \$375 per party through the Office of Alternative Dispute Resolution. **Payment is due in advance by attorney or client. ADR only accepts payments made online. To pay on-line please visit our website at www.fultoncourt.org/adr.**

SECTION A:

Date:	Civil Action File No:
Case Style:	
Assigned Judge:	
<input type="checkbox"/> Mediation was court ordered on ___ / ___ / ___	

SECTION B:

Please list name and contact information for each party/representative requiring notice for mediation from our office. Please note that the appearance of all parties is required at mediation conferences. Additionally, the presence of a representative with authority to settle without further consultation (except by an immediate telephone consultation) is required by the court, particularly where the decision to settle involves any entity other than a party. Appearance by telephone may be permitted for non-resident parties.

Name:	Name:
Firm/Agency:	Firm/Agency:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Contact Number:	Contact Number:
Fax Number:	Fax Number:
Relationship to case: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Plaintiff/Petitioner Counsel <input type="checkbox"/> Defendant/Respondent Counsel EI Insurance Company <input type="checkbox"/> Other	Relationship to case: <input type="checkbox"/> Plaintiff/Petitioner <input checked="" type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Plaintiff/Petitioner Counsel <input type="checkbox"/> Defendant/Respondent Counsel EI Insurance Company <input type="checkbox"/> Other

Name:	Name:
Firm/Agency:	Firm/Agency:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Contact Number:	Contact Number:
Fax Number:	Fax Number:
Relationship to case: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Plaintiff/Petitioner Counsel <input type="checkbox"/> Defendant/Respondent Counsel EI Insurance Company <input type="checkbox"/> Other	Relationship to case: <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Plaintiff/Petitioner Counsel <input type="checkbox"/> Defendant/Respondent Counsel EI Insurance Company <input type="checkbox"/> Other

SECTION C:

TYPE OF CASE: Please specify case type			
<input type="checkbox"/> Contract/Account Buyer Plaintiff, Seller Plaintiff, Employment, Fraud, Mortgage Foreclosure, Rental/Lease, etc.	<input type="checkbox"/> Tort Auto Accident, intentional, Legal Malpractice, Premises Liability, Product Liability, Toxic Substance, Slander/Libel/Defamation, etc.	<input type="checkbox"/> Real Property Ejectment, Eminent Domain, Lien, Title Dispute, etc;	<input type="checkbox"/> Other <i>(please specify)</i>

Briefly describe issues to be resolved:

SECTION D:

SCHEDULING
Please list at least five possible dates in which your side is available to mediate:
Please list any special accommodations needed for the purpose of the mediation session:

Person Completing Form: _____

Signature: _____

You may email or scan this form to the Office of Alternative Dispute Resolution
SCA.ADRstaff@fultoncountyga.gov