



Blue Ridge Judicial Circuit
Cherokee County Justice Center 90 North Street Suite 250 Canton GA 30114
770-501-8905 adr@cherokeega.com

Civil and Domestic Mediation Scheduling Form

Civil Action No. _____ County _____
Style of Case: _____ VS _____
Name of Mediator: _____ Location of Mediation: _____
Date of Mediation: _____ Time of Mediation: _____

PLAINTIFF'S DATA

DEFENDANT'S DATA

Name (Last, First)

Mailing Address

City, State and Zip

Phone

Attorney's Name

Phone

Email Address

Name (Last, First)

Mailing Address

City, State and Zip

Phone

Attorney's Name

Phone

Email Address

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), Attorney's, and Mediator.

Print Name

Attorney's Office

Signature Required

Phone/Date

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

Are there concerns of abuse, (spouse, child, substance, etc.) that are alleged or otherwise indicated?
Yes No