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., Carroll County Courthouse, 311 Newnan Street, 3rd Floor, Carrollton, GA 30117
Phone:770.830.5993 FAX: 770.830.0434

Civil Action #	Cou	nty:	Date Action Filed
	C	Complainant's Date	ı
Name:	Home	Phone: ()	Bus. Phone ()
Address:			
Attorney's Name:			Bus. Phone ()
]	Respondent's Data	
Name:	Home	Phone: ()	Bus. Phone ()
Address:			
Attorney's Name:			Bus. Phone ()
Address:			
		Case Information	
Type of action: Divorce Mod Other			
Issue(s) to be mediated: Other:	Chila Cusioa	іу Спіш Зир	Division Debt Division pport Visitation
Will attorneys attend the Are there allegations of Are there concerns about safety issues?YES	ne mediation session f domestic violence of tthe use of mediatiNOUnkn	? YES or child abuse in th on in this case bec nown (Please feel f	
required to attend the po the dates parties attende issues to be mediated inc	urent seminar prior description of the complainant colude child support, the median	to scheduling the c R alimony, division	sues are to be mediated, both parties are case for mediation. If applicable, provide despondent: If of property, modification of alimony or heir financial affidavit which has been
Subi	mitted by: (Form r	nust indicate bar	number and be signed)
Print Attorney Name a		Signature	Date