

**CARROLL COUNTY ADR (ALTERNATIVE DISPUTE RESOLUTION) PROGRAM
GENERAL CIVIL INITIATION FORM**

Carroll Office Location:

Carroll County Courthouse
311 Newnan Street, 3rd Floor
Carrollton, GA 30112
Phone: 770-830-5993
Fax: 770-830-0434
Email: rdcarroll@carrollcountyga.com

If Attorneys/Parties select mediator & schedule mediation, please provide scheduling information:

Date: _____
at _____ **o'clock** ____ **m.**
Location: _____
with neutral: _____

CIVIL ACTION FILE NUMBER: _____ **COURT:** _____ **JUDGE:** _____
FILING DATE: _____ **DATE OF SERVICE:** _____ **DATE OF ANSWER:** _____

All notices, releases and communication will be sent by email. Please do NOT submit your email address if you do not wish to receive all correspondence by email

Petitioner: _____

Address: _____

Preferred phone no. _____

Alternate phone no. _____

Email: _____

Respondent: _____

Address: _____

Preferred phone no. _____

Alternate phone no. _____

Email: _____

Attorney: _____

Georgia Bar Number: _____

Address: _____

Phone No. _____

Facsimile No. _____

Email Address: _____

Attorney: _____

Georgia Bar Number: _____

Address: _____

Phone No.: _____

Facsimile No.: _____

Email Address: _____

Will attorneys attend the mediation session: **Petitioner's Attorney:** ☐ Yes ☐ No

Respondent's Attorney: ☐ Yes ☐ No

1. (A) Type of Case: _____

(B) Brief description of the case including what relief, damages, or special damages are being sought: _____

2. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, language, etc.) _____

Signature

Typed/Printed Name & Position