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

MEDIATION REPORT

_____ CIVIL ACTION NO. _____
Plaintiff,

VS.

_____
Defendant.

The above styled case was mediated on _____ from _____ am/pm until _____am/pm

at _____.
(location)

The mediation resulted in:

☐ **FULL AGREEMENT** ☐ Court's original ☐ Consent order ☐ Dismissal

☐ **PARTIAL AGREEMENT** To be prepared by _____
No later than _____

☐ **NO AGREEMENT**

☐ **NO AGREEMENT was reached today,** but it is the determination of this mediator that the parties involved that an Agreement is likely therefor another session has been scheduled for _____ at _____am/pm at _____.
(date) (location)

NO SHOW PARTIES: ☐ Plaintiff ☐ Defendant

_____ _____ _____
Mediator's Name Mediator's Signature Date

Did you get paid in full or work out a suitable payment plan with the parties? ☐ Yes ☐ No
If no, would you like the ADR office to assist you in collecting these fees? ☐ Yes ☐ No
Please indicate the amount owed: $_____ Party who owes the fees: _____
You must provide the ADR office with a copy of all invoices sent to the parties.

THIS FORM MUST BE RETURNED TO THE ADR OFFICE ALONG WITH THE SIGNED GUIDELINES WITHIN 2 BUSINESS DAYS
SUPERIOR AND STATE COURT ADMINISTRATION FEES OF
****$25 MUST BE SUBMITTED THROUGH OUR MEDIATOR PAYMENT PORTAL****