

Mediation Initiation Form
COWETA JUDICIAL CIRCUIT ADR PROGRAM
The Mediation Center, 100 Ridley Avenue, Suite 3201, LaGrange, GA 30240
Telephone: 706-883-2168
lmobley@trouppcountyga.gov
rlindsey@trouppcountyga.gov

Civil Action #: _____ County: _____ Date Action Filed: _____

Complainant's Data

Name: _____ Home Phone: _____ Bus./Cell Phone: _____

Address: _____

Attorney's Name: _____ E-mail _____ Bus. Phone: _____

Address: _____ Fax No.: _____

Respondent's Data

Name: _____ Home Phone: _____ Bus./Cell Phone: _____

Address: _____

Attorney's Name: _____ E-mail _____ Bus. Phone: _____

Address: _____ Fax No.: _____

Case Information

Type of Action: Divorce _____ Modification of : Alimony _____ Custody _____ Support _____
Other: _____

Issue (s) to be mediated: _____ Alimony _____ Property Division _____ Debt Division
_____ Child Custody _____ Child Support _____ Child Visitation
Other: _____

Will attorneys attend the mediation session? _____ Yes _____ No
Are there allegations of domestic violence or child abuse in this case? ___ Yes ___ No ___ Unknown
Are there concerns about the use of mediation in this case because of any special circumstances or safety issues? _____ Yes _____ No _____ Unknown (Please feel free to contact this office by phone to discuss.)
Comments: _____

*****Special Instructions for Domestic Cases***** If children's issues are to be mediated, both parties are required to attend the parent seminar **prior** to scheduling the case for mediation. If applicable, provide the dates of attendance: Complainant _____ Respondent: _____. If Issues to be mediated include child support, alimony, property division, modification of alimony or child support, each party must provide the mediator with a copy of their financial affidavit which has been filed with the Court (U.S.C.R. 24.2)

Submitted by: (Form must include bar number & be signed)

Print Attorney Name & Bar No.

Signature

Date

Dates of availability: _____