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

MEDIATION REPORT

_____ _____

Plaintiff Civil Action No.

VS

_____ _____

Defendant Date of Mediation

The above styled case was mediated from _____am/pm to _____am/pm at _____

The result of the above styled session is as follows:

_____ **FULL AGREEMENT**

Court's original to be prepared by _____ No later than _____

Consent order or dismissal to be prepared by _____ No later than _____

_____ **PARTIAL AGREEMENT**

Court's original to be prepared by _____ No later than _____

_____ **NO AGREEMENT**

_____ **NO AGREEMENT was reached today,** but it is the determination of this mediator and the parties involved that an

Agreement is likely therefore another session has been scheduled for _____at _____am/pm at_____(location)

NO SHOW PARTIES

Name _____

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 _____and the 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.