



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

## Civil and Domestic Mediation Scheduling Form

Civil Action No. \_\_\_\_\_ County \_\_\_\_\_  
Style of Case: \_\_\_\_\_ VS \_\_\_\_\_  
Name of Mediator: \_\_\_\_\_ Location of Mediation: \_\_\_\_\_  
Date of Mediation: \_\_\_\_\_ Time of Mediation: \_\_\_\_\_

**PLAINTIFF'S DATA**

**DEFENDANT'S DATA**

\_\_\_\_\_  
Name (Last, First)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State and Zip  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Attorney's Name  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name (Last, First)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City, State and Zip  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Attorney's Name  
\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email Address

**No unilateral scheduling is permitted. By signing below, I am stating that the choice of mediator, date, time, and location listed above is the result of a mutual decision made between Plaintiff(s), Defendant(s), Attorney's, and Mediator.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Attorney's Office

**Signature Required**

\_\_\_\_\_  
Phone/Date

**It is essential that copies of all documents bearing on issues to be resolved be brought to the mediation session (financial, medical, business, etc.)**

**Are there concerns of abuse, (spouse, child, substance, etc.) that are alleged or otherwise indicated?**

**Yes      No**