



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.

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 AGREEMENT** No later than _____

☐ **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**

***CONSENT AGREEMENT TO BE SUBMITTED WITHIN THREE (3)
DAYS OF THE MEDIATION SESSION BEING COMPLETED***