WEST GEORGIA JUDICIAL CIRCUIT
ADR MEDIATION PROGRAM

311 Newnan Street, Mediation Suite
Carrollton, Georgia 30117
P.O. Box 338 Carrollton, Georgia 30112
Phone: 770.830.5993
Savannah A. House, Program Director
adrmediation@carrollcountyga.gov

GENERAL CIVIL INITIATION FORM

STYLE OF CASE: _____

CIVIL ACTION FILE NUMBER: _____

_____ **COURT OF:** _____ **COUNTY**

ASSIGNED JUDGE: _____

Name: _____

Mailing Address: _____

_____

Mobile Phone Number: _____

Email: _____

Attorney Representation: ☐ Yes ☐ No

Attorney Name: _____

Law Firm: _____

Preferred Phone Number: _____

Email: _____

Alt. Email: _____

Name: _____

Mailing Address: _____

_____

Mobile Phone Number: _____

Email: _____

Attorney Representation: ☐ Yes ☐ No

Attorney Name: _____

Law Firm: _____

Preferred Phone Number: _____

Email: _____

Alt. Email: _____

Attorneys are required to attend with their client unless the Court has granted them permission to not attend.

1.) What type of action is this?

- ☐ Contract / Breach of Contract
- ☐ Tort (Personal Injury / Property Damage)
- ☐ Real Property
- ☐ Other:_____
- ☐ Landlord — Tenant
- ☐ Collection / Debt Action

2.) What relief is sought by the parties?

- ☐ Monetary Damages
- ☐ Punitive Damages
- ☐ Injunctive Relief
- ☐ Other:_____
- ☐ Interest
- ☐ Attorney's Fees
- ☐ Court Costs

6.) Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, language issues, etc.) ☐ Yes ☐ No If yes is checked, please contact the ADR office directly to discuss.

Signature: _____ **Date:** _____

Printed Name & Title: _____

***All Parties must be included on any email correspondence when submitting a Mediation Initiation Form. This ensures that all Parties are informed and may begin coordinating their availability for scheduling mediation. If any Party and/or Attorney has a preferred date, time, or location for mediation, please include that information in your email.**