

*Office of Dispute Resolution*

Conasauga Judicial Circuit

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Dalton, Georgia 30722



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**MEDIATION RESCHEDULING FORM**

**STEP ONE**

Case #: \_\_\_\_\_ - CI - \_\_\_\_\_

County (circle one): Murray / Whitfield

Style of Case: \_\_\_\_\_

vs.

\_\_\_\_\_

**STEP TWO**

***Originally Scheduled Mediation Session***

Name of Mediator: \_\_\_\_\_

Location of Mediation: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

Time of Mediation: \_\_\_\_\_

**STEP THREE**

***Rescheduled Mediation Session***

Name of Mediator: \_\_\_\_\_

Location of Mediation: \_\_\_\_\_

Date of Mediation: \_\_\_\_\_

Time of Mediation: \_\_\_\_\_

**STEP FOUR**

No unilateral scheduling/re-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) and Mediator.**

\_\_\_\_\_  
Printed Name: (Last, First, MI)

\_\_\_\_\_  
Attorney Office

\_\_\_\_\_  
**Signature Required** / Date

\_\_\_\_\_  
Phone

Please give a brief description of any special circumstances: \_\_\_\_\_

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

**If you are choosing a new mediator, you are responsible for canceling with the original mediator within forty-eight (48) hours of scheduled mediation session. NOTE: You will also be responsible for any fees associated with work done by prior mediator in his/her preparation for your originally scheduled session.**