

**Mediation Request Form**

**Court:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

_____ )	
<b>Petitioner</b> )	<b>Civil Action</b>
)	<b>File No.</b> _____
<b>vs.</b> )	
)	
_____ )	
<b>Respondent</b> )	

**1) Name of Person Requesting Mediation:** \_\_\_\_\_  
Are you the:  Plaintiff  Defendant

**Address:** \_\_\_\_\_  
**(City/State):** \_\_\_\_\_

**Telephone #:** \_\_\_ - \_\_\_ - \_\_\_ **Fax:** \_\_\_ - \_\_\_ - \_\_\_ **Cell:** \_\_\_ - \_\_\_ - \_\_\_

**Dates and Hours Available for at Least Four Hours (Monday – Friday):**

<b>Monday:</b> _____	<b>Tuesday:</b> _____
<b>Wednesday:</b> _____	<b>Thursday:</b> _____
<b>Friday:</b> _____	

**Are You Represented by Counsel?:**  Yes  No

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**(City/State)** \_\_\_\_\_

**Telephone #:** \_\_\_ - \_\_\_ - \_\_\_ **Fax:** \_\_\_ - \_\_\_ - \_\_\_ **Cell:** \_\_\_ - \_\_\_ - \_\_\_

**2) The Name of Other Party(s) Involved In This Case:**

**Name:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
**(City/State):** \_\_\_\_\_

**Telephone #:** \_\_\_ - \_\_\_ - \_\_\_ **Fax:** \_\_\_ - \_\_\_ - \_\_\_ **Cell:** \_\_\_ - \_\_\_ - \_\_\_  
\_\_\_\_\_ **Fax:** \_\_\_ - \_\_\_ - \_\_\_ **Cell:** \_\_\_ - \_\_\_ - \_\_\_

Is the Other Party Represented by Counsel?:  Yes  No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(City/State) \_\_\_\_\_

Telephone #: \_\_\_ - \_\_\_ - \_\_\_ Fax: \_\_\_ - \_\_\_ - \_\_\_ Cell: \_\_\_ - \_\_\_ - \_\_\_

**3) Brief Description of Issues to be Discussed In This Case:**

\_\_\_\_\_

**4) Preferred Site of Mediation:**

Address: \_\_\_\_\_  
(City/State): \_\_\_\_\_

*Mediation sessions, unless otherwise requested and approved by all parties, will be held in the:*

**Harold R. Banke Justice Center / Clayton County Courts Bldg.  
9151 Tara Blvd. Jonesboro, GA 30236**