



**NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
MEDIATION REPORT**

IN THE MATTER OF _____ V. _____

In the _____ Court of _____ County, Georgia. Case/File No. _____, Judge _____

A mediation session in the above styled case was scheduled on _____, 2012, at _____ am/pm.
The session lasted _____ hours.

PERSONS ATTENDING THE SESSION WERE: **(PRINT ONLY)**

_____(plaintiff) _____(defendant)
 _____(plaintiff) _____(defendant)
 _____(plaintiff attorney) _____(defendant attorney)
 _____(plaintiff attorney) _____(defendant attorney)
 _____(mediator) _____(observer)

The results of the mediation session are as follows: (please check appropriate boxes; **DO NOT WRITE ANY COMMENTS ON THIS FORM – ATTACH A SEPARATE SHEET.**)

- 1. The case was mediated and a full agreement reached.
 _____ original attached (unless court requires original, ie: magistrate court)
 _____ original attached, and final order to be drafted by _____ (name and title)
- 2. The case was mediated and a partial agreement was reached.
 _____ original attached (unless court requires original, ie: magistrate court)
 _____ original attached with final order to be drafted by _____ (name and title)
- 3. This case was mediated but no agreement was reached.
- 4. No show: (circle) plaintiff / defendant / both; _____ (name(s))
- 5. Compensation for mediation services:
 _____ paid in full by both parties
 _____ payment due from (circle) plaintiff / defendant / both in the amount of \$_____
 _____ Stipend from ADR fund _____ Pro Bono case

ALL PARTIES IN ATTENDANCE MUST SIGN THIS FORM.

Plaintiff	Plaintiff	Attorney for Plaintiff
Defendant	Defendant	Attorney for Defendant
Mediator <u>Print and Sign Name</u>	Title: _____	Title: _____

THIS FORM MUST BE RETURNED BY THE MEDIATOR TO THE 9TH JAD ODR, ALONG WITH ORIGINAL GUIDELINES, ORIGINAL AGREEMENT, IF APPROPRIATE, AND \$15.00 ADMINISTRATIVE FEE, WITHIN 24 HOURS OF THE MEDIATION SESSION.