



Blue Ridge Judicial Circuit
Cherokee County Justice Center 90 North Street Suite 250 Canton GA30114
770-501-8905 adr@cherokeega.com

MEDIATION REPORT

Plaintiff Civil Action No.
VS

Defendant Date of Mediation

The above styled case was mediated from _____ am/pm to _____ am/pm at _____

The result of the above styled session is as follows:

FULL AGREEMENT
Court’s original to be prepared by _____ No later than _____
Consent order or dismissal to be prepared by _____ No later than _____

PARTIAL AGREEMENT
Court’s original to be prepared by _____ No later than _____

NO AGREEMENT

NO AGREEMENT was reached today, but it is the determination of this mediator and the parties involved that an Agreement is likely therefore another session has been scheduled for _____ at _____ am/pm at _____ (location)

NO SHOW PARTIES

Name _____
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 _____ and the 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](#).