



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

IN THE MATTER OF \_\_\_\_\_ V. \_\_\_\_\_

In the \_\_\_\_\_ Court of \_\_\_\_\_ County, GA Case/File No. \_\_\_\_\_, Judge \_\_\_\_\_

A mediation session in the above styled case was scheduled on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_ am/pm

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)**

**The session lasted \_\_\_\_\_ hours.**

- 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)  
 \_\_\_\_\_ original to \_\_\_\_\_ Reason: \_\_\_\_\_
- 2. The case was mediated and a partial agreement was reached.  
 \_\_\_\_\_ original attached (unless court requires original, ie: magistrate court)  
 \_\_\_\_\_ original attached, and final order to be drafted by \_\_\_\_\_ (name and title)  
 \_\_\_\_\_ original to \_\_\_\_\_ Reason: \_\_\_\_\_
- 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 <b><u>Print and Sign Name</u></b>	Title: _____	Title: _____

**THIS FORM MUST BE RETURNED BY THE MEDIATOR TO THE 9<sup>TH</sup> JAD ODR. ALONG WITH ORIGINAL GUIDELINES, ORIGINAL AGREEMENT, IF APPROPRIATE, AND \$20.00 ADMINISTRATIVE FEE. WITHIN 24 HOURS OF THE MEDIATION SESSION.**