

AUGUSTA JUDICIAL CIRCUIT ADR PROGRAM
Richmond & Burke Counties
MEDIATION REPORT

IN THE CASE OF _____ VS. _____

IN THE _____ COURT OF _____ COUNTY, GEORGIA

CASE NUMBER: _____ REFERRING JUDGE: _____

A MEDIATION SESSION WAS HELD THIS ____ DAY OF _____, 20__.

IN-PERSON VIRTUAL HYBRID THE SESSION LASTED ____ HOURS.

COMPENSATION TO MEDIATOR (Check blank or multiple blanks if applicable):

Paid by Party/Parties	Paid from ADR Fund (<i>Invoice Attached</i>)	Pro Bono
Payment due from:	Plaintiff	Defendant
		Both

THE RESULTS OF THE MEDIATION SESSION WERE AS FOLLOWS:

FULL AGREEMENT Final Order or Dismissal to be prepared by: _____

The original Mediation Agreement/Memorandum of Agreement is attached.

The **undersigned** attorneys/parties agree that the content of agreement shall not be disclosed.

PARTIAL AGREEMENT REACHED **TEMPORARY AGREEMENT REACHED**

The original Mediation Agreement or Memorandum of Agreement is attached.

The **undersigned** attorneys/parties agree that the content of agreement shall not be disclosed.

****Remaining Issues:**

IMPASSE

NO AGREEMENT was reached today, but it is the determination of the mediator and the parties that an agreement is likely. Therefore,

Another session has been scheduled for: _____.

Attorney/parties will notify the ADR Office of the rescheduled date within the next 10 business days.

NO SHOW: Plaintiff(s) and/or Defendant(s)

Name(s): _____

_____, vs. _____

Case Number: _____

REQUIRED: LIST ALL PERSONS IN ATTENDANCE BELOW

All parties in attendance must print their names below to indicate they have read the above information and believe it to accurately reflect their understanding of what has taken place today:

Plaintiff

Defendant

Plaintiff's Counsel

Defendant's Counsel

Second Plaintiff

Second Defendant

Second Plaintiff's Counsel

Second Defendant's Counsel

Other

Other

NON-DISCLOSURE OF AGREEMENT

By signing below, we the above-named parties/counsel agree that the contents of this agreement shall not be disclosed:

Plaintiff

Defendant

Plaintiff's Counsel

Defendant's Counsel

Second Plaintiff

Second Defendant

Second Plaintiff's Counsel

Second Defendant's Counsel

Other

Other

Mediator: _____

GAL: _____ Observer(s): _____ Co-Mediator: _____

This form shall be completed by the mediator and returned to the ADR Program Office within five (5) days of the session. Include the original signed guidelines and the original mediation agreement/memorandum of agreement, if applicable.

Augusta Judicial Circuit ADR Program Office
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Augusta, Georgia 30901

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