

The Center for Legal Solutions, Inc.

A Non-Profit Organization Dedicated to Dispute Resolution

MEDIATION SCHEDULING REQUEST

Please complete this Scheduling Request to help us make appropriate mediation arrangements for you. Written confirmation of any mediation scheduled from this request will be sent to all parties.

I. PRIMARY CONTACT INFORMATION

Your Name: _____

You are: Plaintiff's Attorney Defendant's Attorney Self-Represented

Mailing Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-Mail: _____

II. SCHEDULING PREFERENCES

Have All Parties Agreed to mediate at the Center for Legal Solutions? YES / NO

Preferred Mediator(s) 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

- Timing is Critical – Experienced Mediator Needed on Particular Date
- Budget Limited – Need Mediation at Lowest Possible Cost
- Mediators with Experience Resolving this Type of Dispute

- Preferred Date(s): Next Available Date
- On this Date Only _____
- Around this Date _____
- Saturday session requested
- Evening session requested

Preferred Start Time: 9 am 10 am 1 pm 2 pm

III. CASE INFORMATION

Style of Case: _____ v. _____

Type of Dispute: Family Law Commercial, Contractual Personal Injury

Other Matter: _____

Pending Litigation: YES / NO If YES, Court pending: _____

Case Number: _____

Is this a Court-Ordered Mediation? YES / NO

65 WHITLOCK AVENUE, MARIETTA, GEORGIA 30064
PHONE: 770-693-3470 / FAX: 770-419-4464
WEB SITE: WWW.CENTERFORLEGALSOLUTIONS.ORG

IV. ADDITIONAL PARTICIPANT(S) For additional participants, please attach a service list.

Name: _____

Plaintiff's Attorney Defendant's Attorney Self-Represented

Mailing Address: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-Mail: _____

V. ADDITIONAL INFORMATION ON DOMESTIC RELATIONS CASES

Children Involved: YES / NO

Domestic Violence History: YES / NO

VI. ADDITIONAL COMMENTS

Please add any comments that you believe will help the Center for Legal Solutions assist you.
