

**COWETA JUDICIAL CIRCUIT  
GENERAL CIVIL ADR INITIATION FORM (GCIF)**

Coweta Judicial Circuit ADR (Mediation) Program  
Coweta, Heard, Meriwether and Troup Counties  
Troup County Government Center  
100 Ridley Avenue, S-2500  
LaGrange, GA 30240  
PH: 706-883-2168/2170  
FAX: 706-883-2169

If Attorneys/Parties select mediator & schedule mediation, please provide scheduling information to ADR Office:  
Date: \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ m.  
with neutral \_\_\_\_\_  
Location: \_\_\_\_\_

Instructions: Petitioner is to file original GCIF with Clerk of Court when case is filed; a copy is to be sent to ADR Office for scheduling of mediation. Respondent is to submit to the ADR Program his/her completed GCIF.

SEND General Civil ADR Initiation Forms:

BY MAIL: Coweta Circuit ADR Program, 100 Ridley Avenue, Suite 3400, LaGrange, GA 30240;

OR BY FAX: 706-883-2169

**Case Information** (Must be completed in full):

County: \_\_\_\_\_ Case Number: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_

**\*\*Please note:** All notices, releases and communication will be sent by email. Please do NOT submit your email address if you do not wish to receive all correspondence by e-mail.\*\*

**Address and Phone Numbers:** (If necessary, attach a separate sheet with information for additional parties and their respective attorneys.)

Plaintiff(s): \_\_\_\_\_ Defendant(s): \_\_\_\_\_

**ATTORNEY INFORMATION:** (please complete if party is unrepresented)

Plaintiff OR Plaintiff's Attorney:

Defendant OR Defendant's Attorney:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Georgia Bar Number: \_\_\_\_\_

Georgia Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

1. (A) Court (i.e., Superior, State, Magistrate) and Type of Case (please indicate type of case i.e. personal injury, breach of contract, probate wills) Court: \_\_\_\_\_ Type of Case: \_\_\_\_\_

(B) Brief description of the case including what relief, damages, or special damages are being sought: \_\_\_\_\_

2. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, language, etc.) \_\_\_\_\_

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

Typed/Printed Name & Position \_\_\_\_\_