MEDIATION OBSERVATION/CO-MEDIATION REPORTING FORM

Use this form to record each of the 5 observations and/or co-mediations required for registration in General Civil Mediation, or the 1 observation and 2 co-mediations required for registration in Domestic Relations Mediation. The mediators you observe/co-mediate with must be registered in the category for which you seek registration, and the nature of the observed/co-mediated cases must be in the category for which you seek registration. Keep your original reporting forms, and send photocopies as part of your registration application to the Georgia Office of Dispute Resolution.

APPLICANT NAME: _________________________________________________________________

ADDRESS: __________________________________________________________________________

__________________________________________________ PHONE: _________________________

NAME OF REGISTERED MEDIATOR YOU OBSERVED/CO-MEDIATED WITH: __________

____________________________________________________________________________________

OBSERVATION OR CO-MEDIATION? ________________________________________________

PLACE/TIME OF MEDIATION: _______________________________________________________

TYPE OF MEDIATION: ______________________________________________________________

LENGTH OF MEDIATION: ___________________________________________________________

WAS MEDIATION INTERRUPTED FOR ANY REASON? ________ IF YES, WHY? __________

_____________________________________________________________________________________

DID YOU OBSERVE ENTIRE MEDIATION?_________ IF NO, WHY NOT?  _________________

_____________________________________________________________________________________

OUTCOME OF MEDIATION (i.e. full settlement, partial settlement, impasse) _________________

_____________________________________________________________________________________

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT:

________________________________________________  ______________________

APPLICANT’S SIGNATURE      DATE

________________________________________________  _______________________

REGISTERED MEDIATOR’S SIGNATURE    DATE