

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

Civil Action File No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner Vs. \_\_\_\_\_  
Respondent

**Payment Agreement**

\_\_\_\_\_ appeared for their scheduled mediation session on \_\_\_\_\_  
and was **NOT** prepared to pay the Mediator at that time. The mediation session was held and \_\_\_\_\_  
owes \$\_\_\_\_\_ as his/her share of the mediation cost.

Payment of the amount stated above is due \_\_\_\_\_. Payment by check or money order is to  
be made to:

**Mediator's Name:** \_\_\_\_\_  
**c/o ADR Office**  
**141 West Solomon Street, Suite 200, Griffin, GA 30223**  
**770-228-3758**

If the payment is not received within the time as stated above, the ADR Program Director will be  
requested to take the appropriate steps to notify the referring judge of ADR fees due.

**I, \_\_\_\_\_, have read and understand this notice. I have been given a  
copy of this notice. I agree that the foregoing amount is owed by me to said mediator and I hereby  
agreed to pay said amount as set forth above.**

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

Name (printed): \_\_\_\_\_

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

Phone No. (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

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