

[illegible]

ACKNOWLEDGMENT AND WAIVER

Each party expressly acknowledges that (s)he is entering into this Agreement freely and voluntarily and that each has read and understands this Agreement.

Further, each party expressly acknowledges that the mediator has not given nor can give any legal, tax, or financial advice. Further, each partner agrees to seek individual legal and/or tax counseling or acknowledges that such opportunity is being or has been provided.

RESCISSION PERIOD AND FINALITY OF AGREEMENT

Each party understands the seriousness of this Mediation Agreement and the necessity of closure in this legal proceeding. In accordance with the ADR Rules for Sixth Judicial Circuit (as amended June 1, 2024), parties unrepresented at a mediation session may request a limited rescission period of three (3) business days to seek professional counseling as to the effects of this Agreement and raise any objections.

Petitioner's Initials	Respondent's Initials	The Petitioner/Respondent was unrepresented at the mediation session and is requesting the limited rescission period.
Petitioner's Initials	Respondent's Initials	The Petitioner/Respondent was unrepresented at the mediation session and is NOT requesting the limited rescission period.
Any objections to the mediation agreement must be made in writing and must be received by 5:00 p.m. on: ____/____/____.		

By agreement, parties may reconvene the mediation session if any objections are raised. Any objection raised will null and void the agreement in its **entirety**. If no objections are raised within said period of time, this Memorandum will become binding on each party hereto. **(IMPORTANT NOTE: This rescission period only applies to parties who are NOT represented by an attorney at the mediation session. If a party is represented by an attorney at the session, that party will NOT have a rescission period.)**

Objections to the agreement must be made within the above said time limit to **6th District ADR Program at the ONE (1) checked below:**

____ **Griffin Office** (for cases filed in the counties of Butts, Fayette, Lamar, Monroe, Pike, Spalding and Upson): **141 West Solomon Street, Suite 200 Griffin, GA 30223, telephone number 770-228-3758, fax number 770-228-6387.**

____ **McDonough Office** (for cases filed in Henry County): **337 Phillips Drive, McDonough, GA 30253, telephone number 770-288-8448, fax number 770-288-8450.**

Written confirmation is required. Do not report any objections to the agreement to the mediator or the opposing party as it will not be considered an effective rescission. The rescission will **only** be effective upon actual report within the time limit above to the ADR Program at the address and numbers above.

The Undersigned attorneys and parties shall cooperate in the drafting of all settlement documents reasonably required to implement the foregoing agreement. The parties further agree to execute any other documents reasonably required to implement this agreement.

It is the Parties' intention that this agreement shall be used as a guideline for the drafting of a formal settlement agreement which will be drawn up by _____, who will in turn submit the settlement agreement to _____ for review and corrections. The filing of the settlement agreement and obtaining necessary court orders and/or judgments will be the responsibility of _____. Parties agree that said formal agreement shall be completed within _____ days of agreement. In the event that parties are unable to finalize this agreement, the parties agree that this agreement shall be enforceable as is and shall be admissible in court as is and shall be submitted to the Court **by either party** as is for approval and adoption by the Court and shall be made into an order and/or judgment of the Court.

Petitioner date

Respondent	date
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Petitioner's Attorney date

Respondent's Attorney date