

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 by ____/____/____ and should be made payable to _____. Choose one payment method below.

☐ **Money order or cash:**

Mediator
c/o ADR Office
141 W. Solomon St., Ste. 200
Griffin, GA 30223

☐ **Card:**

Email _____
Phone # _____

☐ **Electronic payment (user name):**

☐ Venmo _____
☐ Cash App _____
☐ PayPal _____
☐ Other _____

If the payment is not received within the time stated above, the ADR Program Director or Assistant 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: _____