

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