

IN THE _____ COURT OF HENRY 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

40 Atlanta Street, McDonough, GA 30253

T: 770/288-8448

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: _____