

IN THE SUPERIOR COURT OF _____ COUNTY, GEORGIA

**SOUTHERN JUDICIAL CIRCUIT
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

VOUCHER FOR COMPENSATION OF APPOINTED NEUTRAL

Plaintiff, §
Vs. § Civil Action File No. _____

Defendant. §

NEUTRAL'S CERTIFICATION

I certify that an Alternative Dispute Resolution, ("**ADR**"), session was conducted with the parties named above on _____, with the following results:

- _____ A full agreement
_____ No agreement
_____ Other

Request is hereby made for compensation in the amount of \$ _____ for ADR services rendered. Program compensation \$100.00 per hour per party with a maximum fee of \$450.00.

(1) Time spent in mediation: _____
(2) Time spent in preparation: _____

Neutral's Signature

Printed or Typed Name

P.O. Box or Street Address

City, State, and Zip Code

AUTHORIZATION OF PAYMENT

Approved for payment in the amount of \$ _____ to the above-named Neutral.

This _____ day of _____, 20 _____.

Shannon M. Watts
Administrator
Alternative Dispute Resolution Program
Southern Judicial Circuit
Post Office Box 1349
Valdosta, Georgia 31603
Telephone: 229-671-2643