

**IN THE JUVENILE COURT OF FULTON COUNTY  
STATE OF GEORGIA**

In The Interest of	:	
	:	Case Number:
-----,	:	
Female, D.O.B. -----,	:	
	:	
and	:	File Number:
	:	
-----,	:	
Male, DOB -----.	:	

**DEPENDENCY MEDIATION AGREEMENT**

The above styled matter came on for mediation on -----, 20---. The parties mediated in good faith and the mediation lasted ----- hours.

**Present for the mediation was:**

- , the Mother
- , Attorney for the Mother
- , the biological and legal father
- , Attorney for the Father
- , the Paternal Grandmother, Legal Custodian and Petitioner
- , the Child's Attorney
- , DFCS Case Manager
- , DFCS Attorney
- , Child

**All parties received a copy of this Mediation Agreement**    \_\_\_Yes    \_\_\_\_\_No

If no please list the names of the parties: \_\_\_\_\_

- \_\_\_\_\_ **Full Settlement**
- \_\_\_\_\_ **Partial Settlement**
- \_\_\_\_\_ **No Settlement**
- \_\_\_\_\_ **No Mediation Held**

**The results of this mediation were as follows:**

{ See below some topics and sample wording that may be discussed and included in a mediation agreement }

The mother, \_\_\_Name\_\_\_ has agreed to dismiss her Petition to Terminate Guardianship. Guardianship shall remain with the grandmother, \_\_\_Name\_\_\_.

The parties have agreed that

Before either parent may petition the Court for the return of the children, they shall do the following:

Access to School & Medical Records

Visitation Schedule:

The parents' visitation shall be graduated, as follows:

Visitation Parameters: (who can be present during visits, who will transport, etc..)

Health Insurance:

Compliance:

If DFCS is involved in the mediation the following language must be included pursuant to Georgia Code 15-11-202(e)(2):

“All parties agree that DFCS has made reasonable efforts to eliminate the need for removal of the alleged dependent child(ren) named above, from his or/and her home and to reunify such child(ren) with his and/or her family at the earliest possible time.”

**OR** “All parties agree that reasonable efforts to prevent placement and to reunify the above named child(ren) alleged to be dependent, from his and/or her home and to reunify such child with his and/or her family are not required because of the existence of one or more of the circumstances listed in Georgia Code 15-11-203(a)

Parties agree that this agreement is in the best interest of the child(ren) named above.

Parties signed below agree to update the Clerk of (COUNTY) within 72 hours of any change of phone or address. Parties understand that they have three (3) **business** days from the mediation, which is \_\_\_\_\_(date) to have the agreement reviewed by an attorney and to object to signing the agreement. Parties agree that this agreement shall be submitted to the Court for approval to become a Court Order which is enforceable by contempt powers. We understand that if this agreement is not approved by the Court a hearing will be set.

\_\_\_\_\_  
Parent's Signature & Date

\_\_\_\_\_  
Relationship to the Child(ren)

\_\_\_\_\_  
Parent's Signature & Date

\_\_\_\_\_  
Relationship to the Child(ren)

---

Mother's Attorney & Date

---

Father's Attorney & Date

---

Child Advocate Attorney & Date

---

DFCS Case Manager & Date

---

DFCS Attorney & Date

---

Child

---

Mediator

