

CARROLL COUNTY ADR (ALTERNATIVE DISPUTE RESOLUTION) PROGRAM
DOMESTIC RELATIONS INITIATION FORM

Carroll Office Location:

Carroll County Courthouse
311 Newnan Street
3rd Floor
Carrollton, GA 30112
PH: 770-830-5993
FAX: 770-830-0434
Email: rdcarroll@carrollcountyga.com

If Attorneys/Parties select mediator & schedule mediation, please provide scheduling information:

Date: _____
at _____ **o'clock** ____ **m.**
Location: _____
with neutral: _____

CIVIL ACTION FILE NUMBER: _____ **ASSIGNED JUDGE:** _____
FILING DATE: _____ **DATE OF SERVICE:** _____ **DATE OF ANSWER:** _____
DOES THIS FILING CONTAIN A SIGNED AGREEMENT? ☐ Yes ☐ No

All notices, releases and communication will be sent by email. Please do NOT submit your email address if you do not wish to receive all correspondence by email

Petitioner: _____

Address: _____

Preferred phone no. _____

Alternate phone no. _____

Email: _____

Attorney: _____

Georgia Bar Number: _____

Address: _____

Phone No. _____

Facsimile No. _____

Email Address: _____

Respondent: _____

Address: _____

Preferred phone no. _____

Alternate phone no. _____

Email: _____

Attorney: _____

Georgia Bar Number: _____

Address: _____

Phone No.: _____

Facsimile No.: _____

Email Address: _____

Will attorneys attend the mediation session?

Petitioner's Attorney: ☐ Yes ☐ No

Respondent's Attorney: ☐ Yes ☐ No

Have the parties exchanged Domestic Relations Financial Affidavits?

Petitioner: ☐ Yes ☐ No

Respondent: ☐ Yes ☐ No

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1. What type of action is this?

- | | |
|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Divorce/Annulment | <input type="checkbox"/> Modification of Final Decree |
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Contempt |
| <input type="checkbox"/> Paternity/Legitimation | <input type="checkbox"/> Separate Maintenance |
| <input type="checkbox"/> Other: _____ | |

2. What relief is sought by the parties?

- | | | |
|----------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Custody | <input type="checkbox"/> Alimony | <input type="checkbox"/> Property Division |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Protection from Violence | <input type="checkbox"/> Debt Division |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Other _____ | |

3. (a) Are there any minor children of this marriage/relationship? ☐ yes ☐ no

(b) If there are children of the marriage/relationship, the parties are required to complete the divorcing parent's seminar within 30 days of filing. If applicable, have the parties attended the seminar? Petitioner: ☐ no ☐ yes If yes, date attended: _____

Respondent: ☐ no ☐ yes If yes, date attended: _____

4. Has Guardian ad litem been appointed? ☐ yes ☐ no If yes, provide name, email address, and telephone number: _____

5. (a) Are there any concerns about the use of mediation in this case because of any alleged domestic violence, or any type of abuse (spouse, child, substance, etc.), criminal cases pending, DFAC involvement? ☐ yes ☐ no

(b) If "yes" is checked in (a) above, you are required to complete a Domestic Relations Screening Form (DRSF) available from the ADR Office.

6. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, language issues, etc.) ☐ yes ☐ no If yes is checked, please explain or contact the ADR office directly to discuss: _____

Date: _____

Signature Required

Typed/printed name & position