



9TH JUDICIAL DISTRICT ADR REFERRAL SHEET

PART I (to be completed by referral source)

NEXT COURT DATE _____

Judge _____ County _____ Case # _____ Date _____

PLAINTIFF

Name _____ Home Phone _____ Bus. Phone _____

Address _____

Attorney _____ Office Phone _____ Fax _____

Address _____ Email: _____

DEFENDANT

Name _____ Home Phone _____ Bus. Phone _____

Address _____

Attorney _____ Office Phone _____ Fax _____

Address _____ Email: _____

(PLEASE ATTACH ADDITIONAL SHEETS FOR MULTI-PARTY CASES)

▶ **TYPE OF ADR REQUESTED:** ___ MEDIATION ___ CASE EVALUATION ___ ARBITRATION

▶ **CASE TYPE:** ___ DOMESTIC ___ GENERAL CIVIL ___ PROBATE ___ CRIMINAL ___ TORT

___ PERSONAL INJURY ___ CONTRACT ___ OTHER (specify) _____

▶ **FOR DOMESTIC CASES ONLY - - PLEASE SPECIFY:** ___ DIVORCE ___ MODIFICATION

___ CUSTODY ___ VISITATION ___ CHILD SUPPORT ___ PROPERTY ___ ALIMONY ___ DEBTS

___ OTHER/COMMENTS(Specify) _____

▶ **HAVE THERE BEEN ANY ALLEGATIONS OF DOMESTIC VIOLENCE:** _____

Yes No Unknown

Date of Order/Case Filing _____ Neutral Selected / Assigned _____

Mail or fax completed form to:

NINTH JUDICIAL ADMINSTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
P.O. Box 1236
Gainesville, Georgia 30503
Phone: 770.535.6909 / Facsimile: 770.531.4072
www.adr9.com