



9TH JUDICIAL DISTRICT ADR REFERRAL SHEET

(to be completed by referral source)

Final Court Date _____
Date of Temporary Hearing _____
If there is a temporary order, please bring copy to mediation.
Please attach additional sheets for multi-party cases.

JUDGE: _____ COUNTY: _____ CASE #: _____ TODAY'S DATE: _____
DATE OF ORDER: _____

PLAINTIFF

Name (same as filed in this case): _____ Email: _____
Home Phone: _____ Bus. Phone: _____ Mobile/Cell Phone: _____
Address: _____

Plaintiff Attorney: _____ Office Phone: _____ Fax: _____
Address: _____ Email: _____

DEFENDANT

Name (on court filing): _____ Email: _____
Home Phone: _____ Bus. Phone: _____ Mobile/Cell Phone: _____
Address: _____

Defendant Attorney: _____ Office Phone: _____ Fax: _____
Address: _____ Email: _____

TYPE OF ADR: MEDIATION _____ CASE EVALUATION _____ ARBITRATION _____

CASE TYPE: DOMESTIC _____ GENERAL CIVIL _____ PROBATE _____
CRIMINAL _____ TORT _____ CONTRACT _____
PERSONAL INJURY _____ OTHER (specify) _____

DOMESTIC CASES ONLY - PLEASE SPECIFY ALL THAT APPLY:

DIVORCE _____ CUSTODY _____ MODIFICATION _____
CONTEMPT _____ VISITATION _____ CHILD SUPPORT _____
PROPERTY _____ ALIMONY _____ OTHER (specify) _____

HAVE THERE BEEN ALLEGATIONS OF DOMESTIC VIOLENCE BY ANY PARTY? (CIRCLE ANSWER): YES NO UNKNOWN

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