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 ☐ LEGITIMATION ☐
OTHER (specify) _____

HAVE THERE BEEN ALLEGATIONS OF DOMESTIC VIOLENCE BY ANY PARTY?

☐ **YES** ☐ **NO** ☐ **UNKNOWN**

Mail, Email or Fax completed form to:
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Phone: 770.535.6909
Facsimile: 770.531.4072
Email: adr9mediation@gmail.com