

Carroll County Mediation Center, Carroll County Courthouse, 311 Newnan St., 3<sup>rd</sup> Floor,  
Carrollton, GA 30117  
PHONE 770.830.5993 FAX 770.830.0434  
elbarrow@carrollcountygga.com  
*"Abbreviated Procedures and Policies"*

**CASE INITIATION:**

The Mediation Initiation Form, both civil and domestic, should be completed in full and mailed or faxed or attached via email to the above address. The case should be initiated a minimum of 45 days prior to an anticipated final hearing or trial date. ADR staff will conduct an intake process with parties and answer questions if parties are pro se. If attorneys plan to attend the mediation session, this must be indicated on the initiation form in order for their schedules to be taken into consideration during scheduling process.

**NOTE:** Not all cases are appropriate for mediation. If any party has questions or concerns about whether a case is appropriate for mediation because of allegations of domestic violence, child abuse, or any other special circumstances, please advise the ADR Office of those concerns. Additional screening may be necessary to decide as to whether mediation is appropriate. Please contact this office if you need any additional information or need assistance in this area.

**MEDIATOR ASSIGNMENT/SELECTION and FEES:**

The ADR Office assigns mediators to cases on a rotational basis from its list of program-approved mediators. Parties may select their own mediator and negotiate a fee, provided the mediator is registered with GA Office of Dispute Resolution. If the parties have selected a mediator, this must be indicated in writing and attached to the initiation form when case is submitted to the ADR Office.

If the ADR Office assigns the mediator, the minimum fee for the initial session will be \$100.00 per hour with a minimum of two hours (each party would be responsible for 100.00 each payable to the mediator); additional hours will cost \$100.00 per hour and shared equally. The parties are to share the cost equally and must be prepared to pay the mediator at the time of the session. Requests for fee reduction or waiver due to a party's inability to pay must be made to the Carroll County Mediation Office prior to the session on the appropriate form (copies are available from the ADR Office).

**SCHEDULING:**

The ADR Office schedules the case and notifies all parties and attorneys in writing as to the date, time, and location of the session. Consideration will be given to parties' and attorneys' desired dates and times during the scheduling process. If scheduling conflicts arise, however, the ADR Office will set the appointment; once the session is scheduled, no unilateral canceling or rescheduling is permitted. If an appointment must be changed due to legal conflict, notice pursuant to Uniform Superior Court Rule 17.1 must be presented to the ADR Office. If a party fails to appear at a duly noticed mediation session or fails to give 48 hours notice of cancellation, said party may be responsible for the mediator's fee, not to exceed \$200.00.

**SPECIAL INSTRUCTIONS AND INFORMATION:**

In domestic cases, pursuant to U.S.C.R. 24.2, the parties are required to bring copies of their financial affidavits if the issues of child support, alimony, property division or attorney's fees are to be mediated. If children's issues (custody, support, visitation) are to be mediated, the parties are required to attend the 4 hour parent seminar prior to scheduling the mediation session.

All relevant information pertinent to the issues to be discussed should be brought to the session. Failure to bring the required information may cause adjournment of the first session and rescheduling at a time when the information is available.

Someone with full authority to settle the dispute must be present at the session. Attorneys of record are welcome at the mediation session, but are not required. No legal or financial advice is given by the mediator or program staff. It is the party's decision as to whether their attorney attends the mediation. Unless otherwise noted in the agreement, parties unrepresented by counsel during the mediation will have 3 days to have any agreement reviewed and approved by counsel.

**COWETA JUDICIAL CIRCUIT  
DOMESTIC RELATIONS ADR INITIATION FORM (DRIF)**

<b>Coweta Judicial Circuit ADR (Mediation) Program Carroll, Coweta, Heard, Meriwether and Troup Counties</b>	
<b>Troup Office Location:</b>	<b>Carroll Office Location:</b>
Coweta Circuit ADR Program Troup Co. Government Center 100 Ridley Avenue, S. 2500 LaGrange, GA 30240 PH: 706-883-2168/2170 FAX: 706-883-2169	Carroll Co. ADR Office Carroll Co. Courthouse 311 Newnan Street, 3 <sup>rd</sup> Fl. Carrollton, GA 30112 PH: 770-830-5993 FAX: 770-830-0434

**If Attorneys/Parties select mediator & schedule mediation, please provide scheduling info. to ADR Office:**  
**Date:** \_\_\_\_\_  
**at** \_\_\_\_\_ **o'clock** \_\_\_\_ **m.**  
**with neutral** \_\_\_\_\_  
**Location:** \_\_\_\_\_

**Instructions:**  
 Petitioner is to file original DRIF (both pages completed) with Clerk of Court when case is filed; a copy is to be sent to ADR Office for scheduling of mediation. Respondent is to submit to the ADR Program his/her completed DRIF.

**SEND DOMESTIC DRIF's To Carroll office for Carroll cases and all others TO TROUP ADR OFFICE:**  
**BY MAIL:** Coweta Circuit ADR Program, 100 Ridley Avenue, Suite 3400, LaGrange, GA 30240; Carroll County Mediation Center, Carroll County Courthouse, 3<sup>rd</sup> Floor, 311 Newnan St., Carrollton, GA 30117  
**OR BY FAX:** 706-883-2169 for Troup office or 770.830.0434 for Carroll office.

**CIVIL ACTION FILE NO.:** \_\_\_\_\_ **ASSIGNED JUDGE:** \_\_\_\_\_  
**COUNTY:** \_\_\_\_\_ **FILING DATE:** \_\_\_\_\_  
**DATE OF SERVICE/ACKNOWLEDGMENT.:** \_\_\_\_\_ **DATE OF ANSWER (IF FILED):** \_\_\_\_\_  
**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: \_\_\_\_\_

**Respondent:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Preferred phone no. \_\_\_\_\_  
 Alternate phone no. \_\_\_\_\_  
 Email: \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
 Georgia Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Facsimile No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Attorney:** \_\_\_\_\_  
 Georgia Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Facsimile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Will attorneys attend the mediation session:  Yes **Petitioner's Attorney**  No **Petitioner's Attorney**  
 Yes **Respondent's Attorney**  No **Respondent's Attorney**

**DRIF Page Two**

**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"/> No issues |
| <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?  yes  no If yes, date attended: Petitioner \_\_\_\_\_ Respondent \_\_\_\_\_

4. Has Guardian ad litem been appointed?  yes  no If yes, provide name 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: \_\_\_\_\_

Dated this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature Required \_\_\_\_\_  
Typed/printed name & position \_\_\_\_\_