

**WEST GEORGIA JUDICIAL CIRCUIT ADR PROGRAM**  
**(ALTERNATIVE DISPUTE RESOLUTION)**  
**DOMESTIC RELATIONS INITIATION FORM**

Carroll County Courthouse  
311 Newnan Street  
Carrollton, GA 30112  
PH: 770-830-5993  
FAX: 770-830-0434  
Email: rdcarrroll@carrollcountyga.gov

**If Attorneys/Parties select a date and mediator, 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:** \_\_\_\_\_

**Please instruct your client complete the confidential on-line domestic relations screening at: <https://godr.org/adr-screening/>**

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

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

\* Please provide an email address at which the party may receive mediation documents for electronic signature.

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

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

**\*Attorneys are required to attend with their client unless the Court has granted them permission no to attend.**

**Are there any minor children of this marriage/relationship?**  yes  no \*\*

**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:** \_\_\_\_\_

**\*\* Mediation dates and mediators are not assigned until parties have complied with the requirement of Standing Order Number Two of the West Georgia Judicial Circuit to attend an approved parenting seminar or obtain a waiver from the Court.**

1. What type of action is this?

- Divorce/Annulment
- Family Violence
- Paternity/Legitimation
- Other: \_\_\_\_\_
- Modification of Final Decree
- Contempt
- Separate Maintenance

2. What relief is sought by the parties?

- Custody
- Child Support
- Visitation
- Alimony
- Attorney Fees
- Other \_\_\_\_\_
- Property Division
- Debt Division

3. Have the parties exchanged Domestic Relations Financial Affidavits pursuant to USC Rule 24.2 ?

Petitioner:  Yes  No      Respondent:  Yes  No

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

FOR OFFICE USE ONLY:

Domestic Violence Screening:    Petitioner:  Yes  No      Respondent:  Yes  No

POR Screening Completed: \_\_\_\_\_

CMS Screening Completed: \_\_\_\_\_