

**CARROLL COUNTY ADR (ALTERNATIVE DISPUTE RESOLUTION) PROGRAM  
DOMESTIC RELATIONS INITIATION FORM**

**Carroll Office Location:**  
Carroll County Courthouse  
311 Newnan Street  
3<sup>rd</sup> Floor  
Carrollton, GA 30112  
PH: 770-830-5993  
FAX: 770-830-0434  
Email: rdcarroll@carrollcountyga.com

**If Attorneys/Parties select mediator & schedule mediation, 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:** \_\_\_\_\_  
**DOES THIS FILING CONTAIN A SIGNED AGREEMENT?**  Yes  No

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**\*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\***

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**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? **Petitioner's Attorney:**  Yes  No

**Respondent's Attorney:**  Yes  No

**Have the parties exchanged Domestic Relations Financial Affidavits?** **Petitioner:**  Yes  No

**Respondent:**  Yes  No

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**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?**

- Petitioner:**  no  yes **If yes, date attended:** \_\_\_\_\_  
**Respondent:**  no  yes **If yes, date attended:** \_\_\_\_\_

**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