

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

<b>Coweta Judicial Circuit ADR (Mediation) Program</b>	
<b>Carroll, Coweta, Heard, Meriwether and Troup Counties</b>	
<b>Troup Office Location:</b>	<b>Carroll Office Location:</b>
Coweta Circuit ADR Program	Carroll Co. ADR Office
Troup Co. Government Center	Carroll Co. Courthouse
100 Ridley Avenue, S. 2500	311 Newnan Street, 3 <sup>rd</sup> Fl.
LaGrange, GA 30240	Carrollton, GA 30112
PH: 706-883-2168/2170	PH: 770-830-5993
FAX: 706-883-2169	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 TROUP ADR OFFICE:**  
**BY MAIL:** Coweta Circuit ADR Program, 100 Ridley Avenue, Suite 3400, LaGrange, GA 30240;  
**OR BY FAX:** 706-883-2169.

**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