

6th Judicial District ADR Program

DOMESTIC RELATIONS INITIATION FORM (DRIF)

**Griffin & Towaliga Judicial
Circuits**

Scheduled Date for ADR:

_____, ____
at _____ o'clock ____ m.
with neutral _____.
Location _____

Petitioner is to send original DRIF (both pages completed) with copy of complaint to ADR Program. Respondent is to submit to the ADR Program his/her DRIF along with a copy of the Answer. **RETURN FORM TO THE ADR PROGRAM BY: MAIL: 141 WEST SOLOMON STREET, SUITE 200, GRIFFIN, GA 30223; FAX: 770-228-6387; OR EMAIL: mail@adr6th.org.** Questions? Please call 770-228-3758 or visit our website: www.adr6th.org

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 any other correspondence will be sent by email
unless we are instructed to do otherwise. ***

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: _____

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 Alimony Property Division No issues
 Child Support Protection from Violence Debt Division
 Visitation Other _____

3. Are there any minor children of this marriage/relationship? yes no

4. If Guardian ad litem has been appointed, provide name and telephone. _____

CONFIDENTIAL

(TO BE USED FOR SCREENING PURPOSES ONLY)

5 (a). List any type of abuse (spouse, child, substance, etc.), if any, that is alleged or otherwise indicated. _____

(b). To the best of your knowledge, is/are there any:

(1) incapacitating intimidation of either party by the other?

yes no maybe

(2) concerns about physical harm to either party?

yes no maybe

(3) criminal case(s) pending against either party?

yes no maybe

(4) DFACS involvement with this family, past or present?

yes no

(c). If any type of abuse is alleged or if “yes” is checked to any of the above answers in (b), please 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, etc.) Yes *(please explain)* _____

Dated this the _____ day of _____, _____.

Signature

Typed/printed name & position