

Alternative Dispute Resolution Office Sixth Judicial District

**Griffin & Towaliga Judicial
Circuits**

Scheduled Date for ADR Session:

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

General Civil Initiation Form

This form is to be completed and returned to the ADR Office. **RETURN FORM TO: 6th District 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.

County: _____

Case Number: _____

Filing Date: _____

All notices, releases and any other correspondence will be sent by email unless we are instructed to do otherwise.

Address and Phone Numbers (If necessary, attach a separate sheet listing this information for additional parties and their respective legal counsel.)

Plaintiff(s): _____

Defendant(s): _____

ATTORNEY INFORMATION: (please complete if party is unrepresented)

Plaintiff OR Plaintiff's Attorney:

Defendant OR Defendant's Attorney:

Name: _____

Name: _____

Georgia Bar Number: _____

Georgia Bar Number: _____

Address: _____

Address: _____

Phone No. _____

Phone No.: _____

Facsimile No. _____

Facsimile No.: _____

Email address: _____

Email address: _____

1. (A) Type of Case (please indicate type of case i.e. personal injury, breach of contract, probate wills)

____ Superior: _____

____ State: _____

____ Probate: _____

(B) Brief description of the case including what relief, damages, or special damages that are being sought: _____

2. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, etc.) _____

DATED this the _____ day of _____, _____.

Signature

Typed/Printed Name & Position