



Alternative Dispute Resolution (ADR) Program

Sixth Judicial District

141 West Solomon Street, Suite 200
Griffin, Georgia 30223

Telephone (770)228-3758

Facsimile (770)228-6387

Email: mail@adr6th.org

Website: www.adr6th.org

Dear Party/Attorney:

Alternative Dispute Resolution or “ADR” is your opportunity to meet with a third, neutral person, who is trained to help people communicate effectively. The neutral attempts to assist you in working out a solution which is fair, reasonable, and acceptable as a way to resolve your legal claims and concerns.

However, ADR may not be appropriate in all cases. Included on the Domestic Relations Initiation Form is a screening section which is designed to help us determine if the case is appropriate for ADR. The ADR Program is required by the Georgia Commission on Dispute Resolution to screen all domestic relations cases. We are required to have each party complete his/her own screening form. The form should be completed and returned to this office prior to a mediation session being scheduled.

THESE ANSWERS ARE CONFIDENTIAL AND ARE NOT SUBJECT TO DISCOVERY. If the case is determined inappropriate for ADR, a Release will be filed with the Court stating only that the case is inappropriate for ADR.

Complete and honest answers are important for safety as well as for resolving your dispute as quickly and efficiently as possible. Complete the entire form immediately and return it to the above address.

We appreciate your anticipated cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact this office.

DOMESTIC RELATIONS SCREENING FORM

Name: _____

Case No: _____

If you are concerned about the privacy of your responses or if you prefer to answer the questions by telephone, please call 770/228-3758.

****This information, as well as any further conversation, is strictly confidential. ****

1. Is there now or has there ever been a protective order, restraining order or stalking order sought or issued for you and/or the other party? ____ Yes ____ No. If yes, please explain. _____

2. Is the Division of Family and Children Services (DFCS) and/or Adult Protective Services (APS) involved in this case? ____ Yes ____ No. If yes, please explain. _____

3. Have you or the other party ever been arrested? ____ Yes ____ No. If yes, please explain. _____

4. Were any arrest(s) related to drug or alcohol abuse? ____ Yes ____ No. If yes, please explain. _____

5. Are you afraid of the other party? ____ Yes ____ No. If yes, please explain. _____

6. Do you have any concerns when the other party does not get his/her way? ____ Yes ____ No. If yes, please explain. _____

7. Have you or the other party ever tried or threatened to:
Commit suicide ____ Yes ____ No Harm the other party ____ Yes ____ No
Harm the children ____ Yes ____ No Harm other family members ____ Yes ____ No
Harm family pets ____ Yes ____ No Use a weapon ____ Yes ____ No
If yes to any of the above, please explain. _____

8. Are you still living in the same house with the opposing party? ____ Yes ____ No. If yes, do you think you would feel safe in returning home after discussing the issues in your case in mediation? ____ Yes ____ No. If no, please explain. _____

9. Are there any other concerns about safety? ____ Yes ____ No. If yes, please explain. _____

Any additional information you need to provide may be submitted on an additional sheet. Should further screening be needed, please provide a telephone number where you (the party) may be contacted:

(_____) _____ - _____

Signature

Typed/printed name & date