

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 _____

(Complete only if agreed upon)

Petitioner is to send original DRIF (all 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: _____

Attorney: _____

Georgia Bar Number: _____

Address: _____

Phone No. _____

Facsimile No. _____

Email Address: _____

Respondent: _____

Address: _____

Preferred phone no. _____

Alternate phone no. _____

Email: _____

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. _____

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

If this case contains an agreement signed by both parties, please skip questions 6-15.

The ADR Program is required by the Georgia Commission on Dispute Resolution to screen **all domestic relations cases** for domestic violence (intimate partner violence). We are required to have each party complete their own screening information. This portion of the form should be completed by the party or by conferring with the party. Should the case be 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. **THESE ANSWERS ARE CONFIDENTIAL AND ARE NOT SUBJECT TO DISCOVERY.**

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.

6. 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.

7. 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. _____

8. Have you or the other party ever been arrested for an act of violence or making threats against another person? _____ Yes _____ No. If yes, please explain. _____

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

10. Do you have any concerns when the other party does not get his/her way?

_____ Yes _____ No. If yes, please explain. _____

11. 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. _____

12. 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. _____

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

14. Addition comments/explanations (if needed): _____

15. Should further screening be needed, please provide a telephone number where you (the party) may be contacted:

(_____) _____ - _____

Dated this the _____ day of _____, _____.

Signature

Typed/printed name & position