



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 at least seven (7) days prior to any scheduled mediation session. If you prefer, this form may be completed online at: <https://godr.org/adr-screening/>. Please know that if the form is not received as required, the screening will be conducted by the assigned neutral at the mediation session. You will be responsible for the fees associated with the screening time (\$100.00 per hour). Once the mediation session begins, the fees will be split evenly between the parties.

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 (via email, facsimile or U.S. Postal Service).

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. If you prefer, this form may be completed online at: <https://godr.org/adr-screening/>.

1. Have you ever applied for or been granted a protective order, restraining order or stalking order against 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. Has the other party ever been arrested for an act of violence or making threats against another person?

Yes No. If yes, please explain. _____

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

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

6. Has the other party ever tried or threatened during the course of the relationship to:

Harm you Yes No

Harm self Yes No

Harm the children Yes No

Harm family pets Yes No

Harm other family members Yes No

Use a weapon to harm or intimidate you or others Yes No

If yes to any of the above, please explain. _____

7. 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. _____

8. 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