

# 6<sup>th</sup> 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 W. SOLOMON ST., SUITE 200, GRIFFIN, GA 30223; FAX: 770-228-6387; OR EMAIL: [mail@adr6th.org](mailto:mail@adr6th.org).** Questions? Please call 770-228-3758 or visit our website: [www.adr6th.org](http://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?**

- |  |   |  |                                    |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Custody       | <input type="checkbox"/> Alimony                  | <input type="checkbox"/> Property Division | <input type="checkbox"/> No issues |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Protection from Violence | <input type="checkbox"/> Debt Division     |                                    |
| <input type="checkbox"/> Visitation    | <input type="checkbox"/> 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. This portion of the form may be completed online at: <https://godr.org/adr-screening/>.*

**6. 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. \_\_\_\_\_

**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. Has 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 for your safety when the other party does not get his/her/their way?** ☐ Yes ☐ No. If yes, please explain. \_\_\_\_\_

**11. 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. \_\_\_\_\_

**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