

PRO SE MEDIATION REFERRAL FORM

This form is for pro se parties in domestic cases (divorce, legitimation, custody, visitation, child support, etc.). You may use this form if you are the Plaintiff or Defendant in a case and you are representing yourself. Complete the form and fax it to the number below. You may ask FLIC to fax your referral form to the Ninth Judicial District ADR Office (Mediation Office) as a courtesy, **but it is your responsibility pursuant to Court Order to make sure the mediation is scheduled and takes place. Mediation must be completed at least 15 days prior to your final hearing.** If it does not occur within the time limits set forth in the Court Order issued to you in the Clerk's office, your hearing may be postponed.

Please Complete the Following Information:

Today's Date _____

Next Court Date _____ Judge _____ County _____

Case # _____ (top right corner of your legal papers)

PLAINTIFF

Name _____ Personal Phone _____ Bus. Phone _____

Address (******DO NOT GIVE AN ADDRESS YOU WANT TO BE KEPT PRIVATE******)

Email _____

Attorney (if represented) _____ Office Phone _____ Fax _____

Address of Attorney _____

DEFENDANT

Name _____ Personal Phone _____ Bus. Phone _____

Address (******DO NOT GIVE AN ADDRESS YOU WANT TO BE KEPT PRIVATE******)

Email _____

Attorney (if represented) _____ Office Phone _____ Fax _____

Address of Attorney _____

TYPE OF ADR REQUESTED: MEDIATION

CASE TYPE: DOMESTIC

TYPE OF DOMESTIC CASE --- please specify: _____ DIVORCE _____ MODIFICATION

___ CUSTODY ___ VISITATION ___ CHILD SUPPORT ___ PROPERTY ___ ALIMONY ___ DEBTS

OTHER COMMENTS (specify) _____

HAVE THERE BEEN ANY ALLEGATIONS OF DOMESTIC VIOLENCE: _____

Yes No Unknown

NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
501 Candler Street, N.E.
Gainesville, GA 30501
Phone: 770.535.6909 / Fax: 770.531.4072
www.adr9.com