Fulton County Office of Alternative Dispute Resolution
160 Pryor Street, Suite JG26 ▪ Atlanta, Georgia 30303
Office: 404-612-4549 ▪ Fax: 404-612-2614
Email: sca.adrstaff@fultoncountyga.gov

DOMESTIC RELATIONS
MEDIATION INITIATION FORM

This form is for the initiation of domestic relations mediation through the Fulton County Office of Alternative Dispute Resolution. If mediation has not been ordered by the court, both parties need to be in agreement to mediate before submitting this form. Petitioner is to forward this completed form to the Fulton County Office of Alternative Dispute Resolution via mail or fax. **The case must be an active case in Fulton County**. Please direct inquiries to sca.adrstaff@fultoncountyga.gov.

> **COST:** Parties are offered one 3-hour mediation session at a cost of $100 per party through the Office of Alternative Dispute Resolution. **Payment is due in advance by attorney firm check, certified funds from the client, or credit card. To pay on-line please visit our website at www.fultoncourt.org/adr.** If more than three hours are needed and the parties agree to continue, the parties will be responsible for splitting the cost at the completion of the session at the Mediator's rate. Fee waivers are available for low income parties not represented by legal counsel.

SECTION A:

Date:	Civil Action File No:

Assigned Judge:

☐ **Mediation was court ordered on _____/_____/_____.**
☐ **Mediation has NOT been court ordered. However, both parties agree to initiate mediation.**

MEDIATION SHALL BE HELD NO LATER THAN _____/_____/_____.

SECTION B:

PETITIONER'S INFORMATION	RESPONDENT'S INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

SECTION C:

Representing Attorney	Representing Attorney
☐ **Not Applicable – not represented by Attorney**	☐ **Not Applicable – not represented by Attorney**
Name:	Name:
Firm:	Firm:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:

Rev 3.19.2018

SECTION D:

Key issues to be resolved in mediation: *check all that apply*			
☐ **Divorce, Property** Debts, household items, vehicles, real estate property, investments, retirement, checking and savings accounts	☐ **Parenting Plan** Custody, visitation, modification, major decision making concerning children, holidays and vacation planning	☐ **Support** Child Support, alimony, medical Insurance, life insurance, educational expenses	☐ **Other** *(please specify)*

SECTION E:

If Guardian ad litem has been appointed, please complete this section	
Name of Guardian ad Litem:	
Mailing Address:	
City, State, Zip:	
Phone:	Fax:

SECTION F:

SCHEDULING
Please provide the date and time **all** parties have agreed to mediate:
Please list any special accommodations needed for the purpose of the mediation session:

CONFIDENTIAL SCREENING

The Office of Alternative Dispute Resolution Program is required by the Georgia Commission on Dispute Resolution to screen all domestic relations cases. Your response is confidential and is not subject to discovery. Complete and honest answers are important for the safety of the mediation as well as for resolving your dispute as quickly and efficiently as possible.

To the best of your knowledge, are any of the following applicable:

(1) Has a protective order been filed? ☐ Yes ☐ No ☐ Maybe

(2) Incapacitating intimidation of either party by the other? ☐ Yes ☐ No ☐ Maybe

(3) Concerns about physical harm to either party? ☐ Yes ☐ No ☐ Maybe

(4) Criminal case(s) pending against either party? ☐ Yes ☐ No ☐ Maybe

(5) List any type of abuse (spousal, child, substance, etc.), if any, that is alleged or otherwise indicated.

Person Completing Form: _____

Signature: _____