

**Fulton County Office of Alternative Dispute Resolution**  
**160 Pryor Street, Suite J3-G26 ▪ Atlanta, Georgia**  
**30303 Office: 404-612-4549**  
**Email: [sca.adrstaff@fultoncountyga.gov](mailto: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. Petitioner is to forward this completed form to the Fulton County Office of Alternative Dispute Resolution via email. **The case must be an active case in Fulton County.**

Please direct inquiries to [sca.adrstaff@fultoncountyga.gov](mailto:sca.adrstaff@fultoncountyga.gov).

**COST:** Parties are offered one 3-hour mediation session at a cost of \$115.00 per party through the Office of Alternative Dispute Resolution. **Payment is due in advance by attorney firm or from the client. To pay online please visit our website at [www.fultoncourt.org/adr](http://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:**

<b>Date:</b>	<b>Civil Action File No:</b>
<b>Assigned Judge:</b>	
<input type="checkbox"/> Mediation was court ordered on ____/____/____.	
<input type="checkbox"/> Mediation has NOT been court ordered. However, both parties agree to initiate mediation.	
<b>MEDIATION SHALL BE HELD NO LATER THAN ____/____/____.</b>	

**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
<input type="checkbox"/> Not Applicable – not represented by Attorney	<input type="checkbox"/> Not Applicable – not represented by Attorney
Name:	Name:
Firm:	Firm:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Fax:	Fax:

**SECTION D:**

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

**SECTION E:**

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

**SECTION F:**

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

<b>CONFIDENTIAL SCREENING</b>	
<p>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.</p> <p>To the best of your knowledge, are any of the following applicable:</p> <p>(1) Has a protective order been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>(2) Incapacitating intimidation of either party by the other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>(3) Concerns about physical harm to either party? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>(4) Criminal case(s) pending against either party? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>(5) List any type of abuse (spousal, child, substance, etc.), if any, that is alleged or otherwise indicated.</p>	

**Person Completing Form:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

You may email this form to: <a href="mailto:sca.adrstaff@fultoncountyga.gov">sca.adrstaff@fultoncountyga.gov</a> Thank you.
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