



Attorney Referral Form

Date: _____

Case Number: _____-CV-_____ **County:** _____
 _____ v. _____

ATTN: ADR Office

Please note that the above-referenced case has not been referred to mediation by the Seventh Judicial Administrative District ADR Office. We feel that this case is appropriate for mediation. The information your office needs to make the final determination is listed below:

- | | | | | |
|-----------|---|------------|-----------|-----------------------------|
| 1. | The defendant(s) resides in the state of Georgia | YES | NO | |
| 2. | The defendant(s) have been served | YES | NO | _____ |
| | | | | <small>Service Date</small> |
| 3. | What type of case is this? | | | |
| | General Civil | | | _____ |
| | | | | <small>Description</small> |
| | Domestic Relations | | | _____ |
| | | | | <small>Description</small> |
| | | | | _____ |
| | | | | <small>Answer Date</small> |
| 4. | Is there any violence alleged in this case? | YES | NO | |
| 5. | If yes, has a TPO been filed? | YES | NO | |

6. PLAINTIFF'S DATA

 Name: (Last, First MI)

 Mail Address

 City, State and Zip

 Phone

 Attorney's Name

 City, State and Zip

 Phone / Fax

DEFENDANT'S DATA

 Name: (Last, First MI)

 Mail Address

 City, State and Zip

 Phone

 Attorney's Name

 City, State and Zip

 Phone / Fax

Signature (Required) _____ **Name (Printed)** _____

Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin. Complaints of discrimination may be filed with the Seventh Administrative District Office.