



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 Required</small> |

- | | | |
|--------------------------------------|---------------------------|----------------------------|
| 3. What type of case is this? | General Civil | |
| | 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

DEFENDANT'S DATA

 Name: (Last, First MI)

 Name: (Last, First MI)

 Mail Address

 Mail Address

 City, State and Zip

 City, State and Zip

 Phone

 Phone

 Attorney's Name

 Attorney's Name

 City, State and Zip

 City, State and Zip

 Phone / Fax

 Phone / Fax

 Email

 Email

Signature (Required) _____

Name (Printed) _____