Office of Dispute Resolution
SEVENTH JUDICIAL ADMINISTRATIVE DISTRICT
P.O. BOX 963
CARTERSVILLE, GA 30120
www.7jad.com/adr
PHONE: (770) 387-4820

Attorney Referral Form

DATE: _____

Civil Action #:_____ County: _____

Please complete the questions below if the case listed above has not been referred to mediation by the Seventh Judicial Administrative District ADR Office. Once completed, please email the form to the ADR Office for review.

All parties and attorneys involved agree to mediation in this case. YES NO

All defendants in this case have been served. YES NO
Service date _____

Answer date _____

Is there any violence in this case? YES NO
If yes, has a TPO been filed? YES NO

Plaintiff's Full Name_____

Attorney Info (Or Plaintiff info if *pro se*)

Name_____

Mailing Address _____

Phone _____ **Email** _____

Defendant's Full Name_____

Attorney Info (Or Defendant info if *pro se*)

Name_____

Mailing Address _____

Phone _____ **Email** _____

All answers to questions listed above are true and correct to the best of my knowledge.

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

The ADR Office will respond via email once they have determined if this case is appropriate for mediation. Please allow three (3) business days for the ADR Office to review the information and respond.

Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin.

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