

9TH JUDICIAL DISTRICT ADR REFERRAL SHEET

Judge _____ County _____ Case # _____ Date _____

VICTIM

Name _____ Home Phone _____ School _____

Address _____

Custodian's Name _____ Case Number _____

DEFENDANT

Name _____ Home Phone _____ School _____

Address _____

Custodian's Name _____ Case Number _____

OTHER PARTY

Name _____ Home Phone _____ School _____

Address _____

Custodian's Name _____ Case Number _____

(PLEASE ATTACH ADDITIONAL SHEETS FOR ANY OTHER PARTIES INVOLVED)

JUVENILE OFFENSE: _____
(ATTACH COPY OF COMPLAINT)

SPECIAL INSTRUCTIONS/COMMENTS _____

Mail or fax completed form to:

**NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
311 Jesse Jewell Pkwy, Suite 104
GAINESVILLE, GA 30501
Phone: (770) 535-6909 / Fax: (770) 531-4072
Email: melissadobson9thadr@gmail.com**