

**9TH JUDICIAL DISTRICT ADR REFERRAL SHEET**

Judge \_\_\_\_\_ County \_\_\_\_\_ Case # \_\_\_\_\_ Date \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**FATHER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**GUARDIAN**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attorney: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

**CASA**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**DFACS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**GAL**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

**OTHER PARTY**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

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(PLEASE ATTACH ADDITIONAL SHEETS FOR ANY OTHER PARTIES INVOLVED)

SPECIAL INSTRUCTIONS/COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**ARE THERE ANY DOMESTIC VIOLENCE ALLEGATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_**

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**