



## 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:

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

**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)** \_\_\_\_\_