

**Alternative Dispute Resolution Office  
Sixth Judicial District**

Scheduled Date for ADR Session:

Flint Judicial Circuit

\_\_\_\_\_, \_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_ m.  
with mediator \_\_\_\_\_.  
Location \_\_\_\_\_

**General Civil Initiation Form**

This form is to be completed and returned to the ADR Office. **RETURN FORM TO: 6<sup>th</sup> District ADR Program by: Mail: 337 PHILLIPS DRIVE, MCDONOUGH, GA 30253; Fax: (770)288-8450; or Email: [mail@adr6th.org](mailto:mail@adr6th.org).** Questions? Please call (770)288-8448 or visit our website: [www.adr6th.org](http://www.adr6th.org).

County: \_\_\_\_\_

Case Number: \_\_\_\_\_

Filing Date: \_\_\_\_\_

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\*All notices, releases and any other correspondence will be sent by email  
unless we are instructed to do otherwise. \*

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**Address and Phone Numbers** (If necessary, attach a separate sheet listing this information for additional parties and their respective legal counsel.)

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTORNEY INFORMATION:** (please complete if party is unrepresented)

**Plaintiff OR Plaintiff's Attorney:**

**Defendant OR Defendant's Attorney:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Georgia Bar Number: \_\_\_\_\_

Georgia Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No.: \_\_\_\_\_

Facsimile No. \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**1. (A) Type of Case** (please indicate type of case i.e. personal injury, breach of contract, probate wills)

\_\_\_\_ Superior: \_\_\_\_\_

\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_ Probate: \_\_\_\_\_

(B) Brief description of the case including what relief, damages, or special damages that are being sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any special circumstances which need to be taken into consideration? (i.e., physical limitations, etc.) \_\_\_\_\_  
\_\_\_\_\_

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name & Position