



## Alternative Dispute Resolution (ADR) Program Sixth Judicial District

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Griffin, Georgia 30223

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Website: [www.adr6th.org](http://www.adr6th.org)

Dear Party/Attorney:

Alternative Dispute Resolution or “ADR” is your opportunity to meet with a third, neutral person, who is trained to help people communicate effectively. The neutral attempts to assist you in working out a solution which is fair, reasonable, and acceptable as a way to resolve your legal claims and concerns.

However, ADR may not be appropriate in all cases. On the back of this letter, you will find a Domestic Relations Screening Form which is designed to help us determine if the case is appropriate for ADR. The ADR Program is required by the Georgia Commission on Dispute Resolution to screen all domestic relations cases. We recommend each party complete his/her own form.

**THESE ANSWERS ARE CONFIDENTIAL AND ARE NOT SUBJECT TO DISCOVERY.** If the case is determined inappropriate for ADR, a Release will be filed with the Court stating only that the case is inappropriate for ADR.

Complete and honest answers are important for safety as well as for resolving your dispute as quickly and efficiently as possible. Complete the form immediately and return it to the above address.

We appreciate your anticipated cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact this office.

**DOMESTIC RELATIONS SCREENING FORM**

<b>Name:</b> _____	<b>County:</b> _____
<b>Date:</b> _____	<b>Case No:</b> _____

1. ADR most often occurs with both parties in the same room together. Do you have any concerns about being in the same room with the other party? \_\_\_\_\_  
\_\_\_\_\_
2. Do you think that you would be able to talk about your needs/wants with the other party, either in the same room or in separate rooms? (if no, please explain) \_\_\_\_\_  
\_\_\_\_\_
3. ADR is a process that helps parties plan for the future. Are you able to think about your future needs at this time? \_\_\_\_\_
4. Are you able to disagree with the other party without fear of what might happen later? \_\_\_\_\_  
\_\_\_\_\_
5. Are you still in the same house? \_\_\_\_\_  
If yes, would you feel safe returning home after discussing the issues in your case? \_\_\_\_\_  
\_\_\_\_\_
6. Is there a T.P.O filed or any allegations of domestic violence in this case? \_\_\_\_\_  
\_\_\_\_\_
7. If an ADR session is scheduled, are there any safety concerns which you would want us to know about before a session is set up? \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Would you like to discuss your situation with a member of our staff?

\_\_ yes \_\_ no

If yes, please provide a telephone number where you may be contacted: \_\_\_\_\_

**\*\*This information, as well as any further conversation, is strictly confidential.\*\***

**Return this form to:** 6<sup>th</sup> District ADR Program  
141 West Solomon Street, Suite 200  
Griffin, GA 30223  
FAX: 770/228-6387  
Email: [mail@adr6th.org](mailto:mail@adr6th.org)