

Alternative Dispute Resolution (ADR) Program Sixth Judicial District

337 Phillips Drive McDonough, GA 30253

Telephone (770)288-8448 Facsimile (770)288-8450 Email: henryadr@co.henry.ga.us Website: 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. Included on the Domestic Relations Initiation Form is a screening section 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 are required to have each party complete his/her own screening form. The form should be completed and returned to this office at least seven (7) days prior to any scheduled mediation session. If you prefer, this form may be completed online at: https://godr.org/adr-screening/. Please know that if the form is not received as required, the screening will be conducted by the assigned neutral at the mediation session. You will be responsible for the fees associated with the screening time (\$100.00 per hour). Once the mediation session begins, the fees will be split evenly between the parties.

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 entire form immediately and return it to the above address (via email, facsimile or U.S. Postal Service).

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

Name:	Case No:
	ur responses or if you prefer to answer the questions by telephone, be completed online at: https://godr.org/adr-screening/ .
	tective order, restraining order or stalking order against the other
2. Is the Division of Family and Children Services	(DFCS) and/or Adult Protective Services (APS) involved in this case?
• •	of violence or making threats against another person?
☐ Yes ☐ No. If yes, please explain	
4. Are you afraid of the other party? ☐ Yes ☐ No.	. If yes, please explain
5. Do you have any concerns for your safety when please explain.	the other party does not get his/her way? \square Yes \square No. If yes,
6. Has the other party ever tried or threatened durir	
Harm you □ Yes □ No	Harm self □ Yes □ No
Harm the children \square Yes \square No Harm other family members \square Yes \square N	• 1
If yes to any of the above, please explain	
7. Are you still living in the same house with the op-	pposing party? ☐ Yes ☐ No. If yes, do you think you would feel
safe in returning home after discussing the issues in	n your case in mediation? \square Yes \square No. If no, please explain.
8. Are there any other concerns about safety? \square Y	es \square No. If yes, please explain.
Any additional information you need to provide ma	ay be submitted on an additional sheet. Should further screening be
needed, please provide a telephone number where	you (the party) may be contacted: (
Signature	Typed/printed name & date