

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: _____

(PLEASE ATTACH ADDITIONAL SHEETS FOR ANY OTHER PARTIES INVOLVED)

SPECIAL INSTRUCTIONS/COMMENTS: _____

Mail or fax completed form to:

**NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION
756 Green Street, NE
GAINESVILLE, GA 30501
Phone: (770) 535-6909 / Fax: (770) 531-4072
Email: melissadobson9thadr@gmail.com**