



**Domestic Relations Intake Form**

**CIVIL ACTION FILE NO.:** \_\_\_\_\_

**CASE STYLE:** \_\_\_\_\_

**Petitioner:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Respondent:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

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

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

\_\_\_\_\_

**Phone No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**1. What type of action is this?**

- Divorce / Annulment
- Family Violence
- Paternity / Legitimation
- Other: \_\_\_\_\_

- Modification of Final Decree
- Contempt
- Separate Maintenance

**2. What relief is sought by the parties?**

- Custody
- Child Support
- Visitation
- Alimony
- Protection from Violence
- Other: \_\_\_\_\_
- Property Division
- Debt Division
- No issues

**3. Are there any minor children of this marriage / relationship?**  Yes  No

If Yes: Name(s) \_\_\_\_\_  
Age(s) \_\_\_\_\_

**4. If guardian ad litem has been appointed, provide name and contact information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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# CONFIDENTIAL

(TO BE USED FOR SCREENING PURPOSES ONLY)

5. (a). List any type of abuse (spouse, child, substance, etc.), if any, that is alleged or otherwise indicated. \_\_\_\_\_  
\_\_\_\_\_

(b). To the best of your knowledge, is/are there any:

(1) intimidation of either party by the other?

Yes     No     Maybe/Unknown

(2) concerns about physical harm to either party?

Yes     No     Maybe/Unknown

(3) temporary protective order in place or criminal case(s) pending against either party

Yes     No     Maybe/Unknown

If Yes: Case Name \_\_\_\_\_ Case No. \_\_\_\_\_

Court \_\_\_\_\_ Filing Date \_\_\_\_\_

(4) DFACS involved with this family, past or present

Yes     No     Maybe/Unknown

(c). If any type of abuse is alleged or if "yes" is checked to any of the above answers in (b), please complete a Domestic Relations Screening form (DRSF) available from the ADR office.

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6. Are there any special circumstances which need to be taken into consideration?

(i.e., physical limitations, etc.)     Yes     No

If Yes (please explain) \_\_\_\_\_  
\_\_\_\_\_

7. (a). Preferred/available dates and times: \_\_\_\_\_  
\_\_\_\_\_

(b). Upcoming conflicts (attach Conflict/Leave of Absence Notices): \_\_\_\_\_  
\_\_\_\_\_

(c). Please provide any information or special request to assist with scheduling. If the session should be held before or after a certain date, such as to allow time for discovery or to precede a scheduled court date, please so indicate. \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/printed name & position