

# 9<sup>th</sup> JAD Judicially Hosted Settlement Conference Referral Sheet

Judge: \_\_\_\_\_ County: \_\_\_\_\_ Case #: \_\_\_\_\_ Date: \_\_\_\_\_

## PLAINTIFF

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address \_\_\_\_\_

Attorney \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

## DEFENDANT

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Address \_\_\_\_\_

Attorney \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

(PLEASE ATTACH ADDITIONAL SHEETS FOR MULTI-PARTY CASES)

Case Type: \_\_\_\_\_ Domestic \_\_\_\_\_ General Civil \_\_\_\_\_ Personal Injury \_\_\_\_\_

Contract \_\_\_\_\_ Other (specify) \_\_\_\_\_

### For Domestic Cases Only – Please Specify:

\_\_\_\_\_ Divorce \_\_\_\_\_ Custody \_\_\_\_\_ Modification \_\_\_\_\_ Contempt

\_\_\_\_\_ Visitation \_\_\_\_\_ Child Support \_\_\_\_\_ Property \_\_\_\_\_ Alimony

\_\_\_\_\_ Debts \_\_\_\_\_ Other Comments (specify) \_\_\_\_\_

Have there been any allegations of domestic violence: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Mail form with a copy of the signed order to P.O. Box 1319 Dahlonega, Ga. 30533

or Fax both documents to: 706-482-0187