

9th 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