

**OFFICE OF DISPUTE RESOLUTION  
BRUNSWICK JUDICIAL CIRCUIT**

**NOTICE OF MANDATORY SCREENING**

If this case served upon you is a petition for divorce, custody, alimony, or child support; an application for modification of custody, alimony, or child support; or a petition for legitimation, you must complete the Domestic Relations Screening Form (Tier I), attached as Pages 2 and 3 of this Notice and submit the completed form to the Brunswick Circuit Alternate Dispute Resolution (ADR) Office within seven (7) days of being served with this petition.

The Tier I Survey may be submitted online by completing the pdf fillable form which can be accessed by using the link to the Online Screening Tool in the menu bar at the top of the GODR website ([www.godr.org](http://www.godr.org)); OR

The form may be submitted by email ([domscn@glynncounty-ga.gov](mailto:domscn@glynncounty-ga.gov)), mail or hand delivery to the ADR Office located in the Historic Glynn County Courthouse (701 G Street, Brunswick, GA 31520).

THE SCREENING FORM WILL NOT BE FILED IN THE CLERK'S OFFICE, BUT MUST BE SUBMITTED AS INSTRUCTED ABOVE WITHIN SEVEN (7) DAYS OF THE DATE THESE PLEADINGS ARE SERVED UPON YOU.

**DOMESTIC RELATIONS SCREENING FORM (TIER I)**

Name:

County:

Case No:

Contact phone number:

Email address:

1. Have you ever applied for or been granted a protective order, restraining order or stalking order against the other party? **Yes**  **No**
2. Is the Division of Family and Children Services (DFCS) and/or Adult Protective Services (APS) involved in this case? (Does not include requests for financial assistance) **Yes**  **No**
3. Has the other party ever been arrested for an act of violence or making threats against another person? **Yes**  **No**
4. Are you afraid of the other party? **Yes**  **No**
5. Do you have any concerns for your safety when the other party does not get his/her/their way? **Yes**  **No**
6. Has the other party ever tried or threatened to: (Check all that apply)
  - Harm You
  - Harm the children
  - Harm other family members
  - Harm family pets
  - Use a weapon to harm or intimidate you or others
  - Harm self
  - None of these apply
7. A. Are you currently living in the same home with the other party? **Yes**  **No**   
B. If “yes”, do you think you would feel safe in returning home after discussing the issues in your case in mediation? **Yes**  **No**
8. Are there any other concerns about safety? **Yes**  **No**

If yes, please explain:

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9. Mediation is a process in which the parties (and usually their attorneys) meet with a neutral third person (called a mediator) to discuss and hopefully resolve or settle the issues in the case. Do you believe that you would be able to speak freely about your feelings, needs and desires in a mediation session with the other party present?  
Yes  No
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**Please note that the information provided herein is strictly confidential and will not be shared by this Office with anyone, including the Court or the other party, without your express permission.**

**YOU MAY SUBMIT THE FORM BY ANY ONE OF THE FOLLOWING OPTIONS:**

**VIA U.S. Mail to:**

Office of Dispute Resolution  
Brunswick Judicial Circuit  
Historic Glynn County Courthouse  
701 "G" Street  
Brunswick, GA 31520

*or*

**VIA Online Fillable Form:**

Accessed by clicking the link to the  
"online screening tool" in the menu  
bar at the top of the GODR website  
([www.godr.org](http://www.godr.org))

**VIA Email to:**

[dmscn@glynncounty-ga.gov](mailto:dmscn@glynncounty-ga.gov)