General Civil and Domestic Relations Case Filing Information Form

☐ **Superior or** ☐ **State Court of** _____ **County**

For Clerk Use Only

Date Filed _____ **Case Number** _____
MM-DD-YYYY

Plaintiff(s)					**Defendant(s)**				
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**
Last	**First**	**Middle I.**	**Suffix**	**Prefix**	**Last**	**First**	**Middle I.**	**Suffix**	**Prefix**

Plaintiff's Attorney _____ **Bar Number** _____ **Self-Represented** ☐

Check One Case Type in One Box

General Civil Cases

- ☐ **Automobile Tort**
- ☐ **Civil Appeal**
- ☐ **Contract**
- ☐ **Garnishment**
- ☐ **General Tort**
- ☐ **Habeas Corpus**
- ☐ **Injunction/Mandamus/Other Writ**
- ☐ **Landlord/Tenant**
- ☐ **Medical Malpractice Tort**
- ☐ **Product Liability Tort**
- ☐ **Real Property**
- ☐ **Restraining Petition**
- ☐ **Other General Civil**

Domestic Relations Cases

- ☐ **Adoption**
- ☐ **Dissolution/Divorce/Separate Maintenance**
- ☐ **Family Violence Petition**
- ☐ **Paternity/Legitimation**
- ☐ **Support – IV-D**
- ☐ **Support – Private (non-IV-D)**
- ☐ **Other Domestic Relations**

Post-Judgment – Check One Case Type

- ☐ **Contempt**
  - ☐ **Non-payment of child support, medical support, or alimony**
- ☐ **Modification**
- ☐ **Other/Administrative**

☐ Check if the action is related to another action(s) pending or previously pending in this court involving some or all of the same parties, subject matter, or factual issues. If so, provide a case number for each.

_____ _____
Case Number **Case Number**

☐ I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in O.C.G.A. § 9-11-7.1.

☐ Is an interpreter needed in this case? If so, provide the language(s) required. _____
Language(s) Required

☐ Do you or your client need any disability accommodations? If so, please describe the accommodation request.

_____

_____