

# General Civil and Domestic Relations Case Filing Information Form

Superior or  State Court of \_\_\_\_\_ County

<b>For Clerk Use Only</b>	
Date Filed _____ MM-DD-YYYY	Case Number _____

**Plaintiff(s)**

Last	First	Middle I.	Suffix	Prefix
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Defendant(s)**

Last	First	Middle I.	Suffix	Prefix
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Plaintiff's Attorney \_\_\_\_\_ State Bar Number \_\_\_\_\_ Self-Represented

**Check one case type and one sub-type in the same box (if a sub-type applies):**

<b>General Civil Cases</b>	
<input type="checkbox"/>	<b>Automobile Tort</b>
<input type="checkbox"/>	<b>Civil Appeal</b>
<input type="checkbox"/>	<b>Contempt/Modification/Other Post-Judgment</b>
<input type="checkbox"/>	<b>Contract</b>
<input type="checkbox"/>	<b>Garnishment</b>
<input type="checkbox"/>	<b>General Tort</b>
<input type="checkbox"/>	<b>Habeas Corpus</b>
<input type="checkbox"/>	<b>Injunction/Mandamus/Other Writ</b>
<input type="checkbox"/>	<b>Landlord/Tenant</b>
<input type="checkbox"/>	<b>Medical Malpractice Tort</b>
<input type="checkbox"/>	<b>Product Liability Tort</b>
<input type="checkbox"/>	<b>Real Property</b>
<input type="checkbox"/>	<b>Restraining Petition</b>
<input type="checkbox"/>	<b>Other General Civil</b>

<b>Domestic Relations Cases</b>	
<input type="checkbox"/>	<b>Adoption</b>
<input type="checkbox"/>	<b>Contempt</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Non-payment of child support, medical support, or alimony</b>
<input type="checkbox"/>	<b>Dissolution/Divorce/Separate Maintenance/Alimony</b>
<input type="checkbox"/>	<b>Family Violence Petition</b>
<input type="checkbox"/>	<b>Modification</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Custody/Parenting Time/Visitation</b>
<input type="checkbox"/>	<b>Paternity/Legitimation</b>
<input type="checkbox"/>	<b>Support – IV-D</b>
<input type="checkbox"/>	<b>Support – Private (non-IV-D)</b>
<input type="checkbox"/>	<b>Other Domestic Relations</b>

Check if the action is related to another action 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
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I hereby certify that the documents in this filing, including attachments and exhibits, satisfy the requirements for redaction of personal or confidential information in OCGA § 9-11-7.1.

Is a foreign language or sign-language 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.