General Civil and Domestic Relations Case Filing Information Form

☒ **Superior or** ☐ **State Court of** FULTON **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 _____ **State Bar Number** _____ **Self-Represented** ☐

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

General Civil Cases

- ☐ **Automobile Tort**
- ☐ **Civil Appeal**
- ☐ **Contempt/Modification/Other Post-Judgment**
- ☐ **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**
- ☐ **Contempt**
  - ☐ **Non-payment of child support, medical support, or alimony**
- ☐ **Dissolution/Divorce/Separate Maintenance/Alimony**
- ☑ **Family Violence Petition**
- ☐ **Modification**
  - ☐ **Custody/Parenting Time/Visitation**
- ☐ **Paternity/Legitimation**
- ☐ **Support – IV-D**
- ☐ **Support – Private (non-IV-D)**
- ☐ **Other Domestic Relations**

☐ 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**

☐ 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.