**General Civil and Domestic Relations Case Filing Information Form**

**State Court of Hall County**

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| --- | --- | --- |
| **For Clerk Use Only** |  |  |
|  |  |  |
| **Date Filed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **Case Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MM-DD-YYYY |  |  |
|  |  |  |
| **Plaintiff(s)** |  | **Defendants(s)** |
|  |  |  |
| Last First Middle I. Suffix Prefix |  | Last First Middle I. Suffix Prefix |
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|  |  |  |
| **Reporting Party**: Attorney James Grant | **Bar Number**: 4682457 | **Self-Represented: NO** |
|  |  |  |

**Check One Case Type in One Box**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **General Civil Cases** |  |  | **Domestic Relations Cases** |
|  | **☒** | **Automobile Tort** |  |  | **☐** | **Adoption** |
|  | **☐** | **Civil Appeal** |  |  | **☐** | **Dissolution/Divorce/Separate** |
|  | **☐** | **Contract** |  |  |  | **Maintenance** |
|  | **☐** | **Garnishment** |  |  | **☐** | **Family Violence Petition** |
|  | **☐** | **General Tort** |  |  | **☐** | **Paternity/Legitimation** |
|  | **☐** | **Habeas Corpus** |  |  | **☐** | **Support – IV-D** |
|  | **☐** | **Injunction/Mandamus/Other Writ** |  |  | **☐** | **Support – Private (non-IV-D)** |
|  | **☐** | **Landlord/Tenant** |  |  | **☐** | **Other Domestic Relations** |
|  | **☐** | **Medical Malpractice Tort** |  |  |  |  |
|  | **☐** | **Product Liability Tort** |  | **Post Judgment – Check One Case Type** |
|  | **☐** | **Real Property** |  |  | **☐** |  | **Contempt** |
|  | **☐** | **Restraining Petition** |  |  |  | **☐** | **Non-payment of child support,**  |
|  | **☐** | **Other General Civil** |  |  |  |  | **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.