

**General Civil and Domestic Relations Case Filing Information Form  
State Court of Hall County**

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

**Plaintiff(s)**

**Defendants(s)**

Last	First	Middle I. Suffix	Prefix

Last	First	Middle I. Suffix	Prefix

**Reporting Party:** Attorney James Grant

**Bar Number:** 4682457

**Self-Represented:** NO

**Check One Case Type in One Box**

<b>General Civil Cases</b>	
<input checked="" type="checkbox"/>	<b>Automobile Tort</b>
<input type="checkbox"/>	<b>Civil Appeal</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>Dissolution/Divorce/Separate Maintenance</b>
<input type="checkbox"/>	<b>Family Violence Petition</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>
<b>Post Judgment – Check One Case Type</b>	
<input type="checkbox"/>	<b>Contempt</b>
<input type="checkbox"/>	<b>Non-payment of child support, medical support, or alimony</b>
<input type="checkbox"/>	<b>Modification</b>
<input type="checkbox"/>	<b>Other/Administrative</b>

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

_____	_____
<b>Case Number</b>	<b>Case Number</b>

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.

\_\_\_\_\_