

**CLERK OF THE STATE COURT OF COBB COUNTY  
CIVIL CASE INITIATION FORM  
AND  
GENERAL CIVIL CASE FILING INFORMATION FORM**

CASE NUMBER \_\_\_\_\_

*PLEASE PRINT OR TYPE*

All parties and addresses must be included. *(Please attach additional sheet if necessary)*

**PLAINTIFF(S)** (full name of plaintiff(s) and address(s):

**DEFENDANT(S)** (full name of defendant(s) and address(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*No. of Plaintiff's* \_\_\_\_\_

*No. of Defendants* \_\_\_\_\_

**Case Type**

(Please check)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned Motor Vehicle (SA)  | <input type="checkbox"/> Foreclosure-Personal Property (SM) | <input type="checkbox"/> Paternity (SZ)            |
| <input type="checkbox"/> Account (SB)  | <input type="checkbox"/> Immediate Writ of Possession (SO)  | <input type="checkbox"/> Personal Injury-Tort (TA) |
| <input type="checkbox"/> Contract (SH)   | <input type="checkbox"/> Malpractice-Tort(SS)               | <input type="checkbox"/> Products Liability (TC)   |
| <input type="checkbox"/> Discovery (TK)  | <input type="checkbox"/> Mechanics Lien (ST)                | <input type="checkbox"/> Tort-Other (TG)           |
| <input type="checkbox"/> Distress (SI)   | <input type="checkbox"/> Medical Malpractice-Tort (SU)      | <input type="checkbox"/> Trover (TI)               |
| <input type="checkbox"/> Domestic Foreign Judgment (SJ)  | <input type="checkbox"/> Minor Settlement (SV)              | <input type="checkbox"/> Wrongful Death-Tort (TJ)  |
| <input type="checkbox"/> Enforcement of Foreign Judgment (SK)                                    | <input type="checkbox"/> Note (SW)                          |  |
| <input type="checkbox"/> Dispossessory/Distress (SL/TT)  |   |  |
| <input type="checkbox"/> Garnishment (Continuing (SG), Regular (SN), Child support (SF)          |   |  |
| <input type="checkbox"/> Other Cause of Action (cite GA statute or give brief description) _____ |   |  |

**Does this case involve the same parties, or the same subject matter, or the same factual issues as any other case filed in this court? (Whether pending simultaneously or not.)** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please fill out the following:**

1. **Case Number** \_\_\_\_\_
2. **Parties** \_\_\_\_\_ **VS** \_\_\_\_\_
3. **Assigned Judge** \_\_\_\_\_

**ATTORNEY**      **OR**       **PRO SE'**  
(Name, Address, Phone Number and **Bar Number**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS DATA IS RELIED UPON FOR ACCURACY WHEN ENTERING INTO THE JUDICIAL SYSTEM DATABASE.**