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

CASE NUMBER _____

PLAINTIFF(S)

_____
Last First Middle I. Suffix Prefix Maiden

_____
Last First Middle I. Suffix Prefix Maiden

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Last First Middle I. Suffix Prefix Maiden

_____
Last First Middle I. Suffix Prefix Maiden

No. of Plaintiff's _____

DEFENDANT(S)

_____
Last First Middle I. Suffix Prefix Maiden

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Last First Middle I. Suffix Prefix Maiden

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Last First Middle I. Suffix Prefix Maiden

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No. of Defendants _____

Plaintiff/Petitioner's Attorney ☐ **Pro Se**

Bar #_____

_____
Last First Middle I. Suffix Prefix

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** _____

Check Primary Type (Check only **ONE)**

- ☐ Contract/Account
- ☐ Wills/Estate
- ☐ Real Property
- ☐ Dispossessory/Distress
- ☐ Personal Property
- ☐ Equity
- ☐ Habeas Corpus
- ☐ Appeals, Reviews
- ☐ Post Judgment Garnishment, Attachment, or Other Relief
- ☐ Non-Domestic Contempt
- ☐ Tort (if tort, fill in right column)
- ☐ Other General Civil (Specify)

_____

_____

If Tort is Case Type: (Check no more than **TWO)**

- ☐ Auto Accident
- ☐ Premises Liability
- ☐ Medical Malpractice
- ☐ Other Professional Negligence
- ☐ Product Liability
- ☐ Other (Specify)

_____

_____

Are Punitive Damages Pleaded? ☐Yes ☐ No

Filing Party/Attorney acknowledges that the complaint and exhibits or other attachments satisfy the redaction requirements of O.C.G.A. § 9-11-7.1 (GA S.B. 386, Act 586 2014).

_____
Signature