

DOMESTIC INTAKE WORKSHEET

Style of Case: _____

Case Number: _____

Date of Filing: _____

Judge Assigned to Case: _____

Part A-- Information About the Parties

Petitioner/Plaintiff: _____
Name(s)

Address: _____
Street Address County City State Zip

Telephone Number: _____
Home Work

Date of Birth: _____

Petitioner's Attorney: _____
Name

Attorney's Address: _____
Street Address City State Zip

Attorney's Telephone Number: _____

Respondent/Defendant: _____
Name(s)

Address: _____
Street Address County City State Zip

Telephone Number: _____
Home Work

Date of Birth: _____

Respondent's Attorney: _____
Name

Attorney's Address: _____
Street Address City State Zip

Attorney's Telephone Number: _____

IF YOUR CASE IS ASSIGNED TO THE FAMILY DIVISION, IT IS MANDATORY THAT YOU COMPLETE AND RETURN THIS WORKSHEET AT YOUR 30-DAY SCHEDULING CONFERENCE. IF YOUR CASE IS NOT ASSIGNED TO THE FAMILY DIVISION, PLEASE COMPLETE AS SOON AS POSSIBLE AND RETURN TO THE FULTON COUNTY SUPERIOR COURT FAMILY DIVISION, 136 PRYOR ST., SUITE C-826, ATLANTA, GEORGIA 30303.

