

**FAIRFAX COUNTY CIRCUIT COURT
CIVIL CASE COVERSHEET**

Parties:

Plaintiffs		Defendants	
1.		1.	
2.		2.	
3.		3.	

Plaintiff proceeding without Counsel – Address and Phone number required on Complaint

Plaintiffs Attorney:

Name:	Bar ID:
Firm:	
Street:	
City:	State: Zip:
Phone Number:	Fax Number:
Are you seeking monetary damages in the case you are filing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the amount below: \$

Is there a case that has been previously filed that this matter should be associated with? Please list the case number(s) _____

Nature of Complaint (Check only one):

<input type="checkbox"/> Administrative Appeal	<input type="checkbox"/> Delinquent Taxes	<input type="checkbox"/> Mechanics/Vendors Lien
<input type="checkbox"/> Affirmation of Marriage	<input type="checkbox"/> Eminent Domain	<input type="checkbox"/> Partition
<input type="checkbox"/> Aid & Guidance	<input type="checkbox"/> Encumber/Sell Real Estate	<input type="checkbox"/> Personal Injury - Auto
<input type="checkbox"/> Appeal Decision of Board of Zoning	<input type="checkbox"/> Erroneous Assessments	<input type="checkbox"/> Personal Injury – Emotional
<input type="checkbox"/> Appeal of Process/Judicial Appeal	<input type="checkbox"/> Expungement	<input type="checkbox"/> Personal Injury – Premises Liability
<input type="checkbox"/> Appointment of Church/Organization Trustees	<input type="checkbox"/> False Arrest/Imprisonment	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Fiduciary/Estate Complaint	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Attachment	<input type="checkbox"/> Garnishment – Federal – 180 days	<input type="checkbox"/> Quiet Title
<input type="checkbox"/> Complaint - Equity	<input type="checkbox"/> Garnishment – Wage – 180 days	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Compromise Settlement	<input type="checkbox"/> Garnishment – Other – 90 days	<input type="checkbox"/> Restoration of Driving Privilege
<input type="checkbox"/> Condemnation	<input type="checkbox"/> Guardian/Conservator Adult	<input type="checkbox"/> Vital Record Correction
<input type="checkbox"/> Confession of Judgment	<input type="checkbox"/> Guardianship/Minor	<input type="checkbox"/> Writ Habeas Corpus
<input type="checkbox"/> Construction	<input type="checkbox"/> Injunction	<input type="checkbox"/> Writ Mandamus
<input type="checkbox"/> Contract	<input type="checkbox"/> Interpleader	<input type="checkbox"/> Wrongful Death
<input type="checkbox"/> Conversion	<input type="checkbox"/> Insurance	<input type="checkbox"/> Wrongful Discharge
<input type="checkbox"/> Court Satisfaction of Judgment	<input type="checkbox"/> Judicial Review	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Declare Death	<input type="checkbox"/> Malicious Prosecution	
<input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Malpractice – Legal	
<input type="checkbox"/> Defamation	<input type="checkbox"/> Malpractice – Medical	

Requested Service:

<input type="checkbox"/> Sheriff	<input type="checkbox"/> Private Process Server	<input type="checkbox"/> DMV	<input type="checkbox"/> Secretary of Commonwealth	<input type="checkbox"/> State Corporation Commission
<input type="checkbox"/> Publication	<input type="checkbox"/> No Service at this time			