

Fairfax County Circuit Court DOMESTIC CASE COVERSHEET

PLEASE COMPLETE ALL SHADED AREAS

COMPLAINANT	DEFENDANT
Name:	Name:
Street:	Street:
City: State: Zip	City: State: Zip:
Phone Number: () <input type="checkbox"/> Complainant Proceeding Without Counsel.	Phone Number: ()

ATTORNEYS

COMPLAINANT ATTORNEY	DEFENSE ATTORNEY
BAR ID: FIRM:	ANSWER DATE: CROSS-BILL DATE: BAR ID: FIRM:
Name:	Name:
Street:	Street:
City: State: Zip	City: State: Zip
Phone Number: ()	Phone Number: ()
E-mail Address:	E-mail Address:

DATE OF SEPARATION: _____

(Check all that apply):

<input type="checkbox"/> TOTALLY UNCONTESTED (custody, support, and property issues resolved OR no custody, property, or support issues) <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> DEPOSITION	<input type="checkbox"/> DIVORCE <input type="checkbox"/> CONTESTED PROPERTY OR SUPPORT ISSUES <input type="checkbox"/> CONTESTED CUSTODY ISSUES	OTHER: <input type="checkbox"/> ANNULMENT <input type="checkbox"/> SEPARATE MAINTENANCE
RE-OPEN – DOMESTIC ISSUES <input type="checkbox"/> Custody <input type="checkbox"/> Support <input type="checkbox"/> Visitation <input type="checkbox"/> Show Cause	Please reflect the original Chancery Case Number CH _____	<input type="checkbox"/> Other _____
REQUESTED SERVICE: <input type="checkbox"/> SHERIFF <input type="checkbox"/> SPECIAL PROCESS SERVER <input type="checkbox"/> ACCEPTANCE <input type="checkbox"/> PUBLICATION <input type="checkbox"/> WAIVER <input type="checkbox"/> NO SERVICE AT THIS TIME		SERVICE DATE/TYPE