

# Fairfax County Circuit Court DOMESTIC CASE COVERSHEET

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