Clear Form

FAIRFAX CIRCUIT COURT
CIVIL CASE COVERSHEET

Parties:

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

***Plaintiff proceeding without Counsel – Address and Daytime Phone Number required on Complaint**

Plaintiff/Attorney for Plaintiff:

Name:		Bar ID:
Firm:		
Street:		
City:	State:	Zip:
Phone Number:		Fax Number:
E-mail Address:		

Nature of Complaint (Check only one) *** Cases in the Civil Tracking Program**

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

Damages in the amount of $ _____ are claimed.

Requested Service: ☐ Sheriff ☐ Private Process Server ☐ DMV ☐ Secretary of Commonwealth ☐ State Corporation Commission ☐ Publication ☐ No Service at this time