

**IN THE SUPERIOR COURT OF FORSYTH COUNTY
STATE OF GEORGIA**

_____,)
Plaintiff) Civil Action
) File No. _____
v.)
)
_____,)
Defendant)

**REQUEST FOR CIVIL NON-JURY HEARING for Cases assigned to
Judge David L. Dickinson, Division 2**

Please complete the attached form and return to:

Forsyth County Superior Court Clerk, 101 East Courthouse Square, Suite 1007, Cumming, GA 30040 Attention: Civil Division

- All information requested **MUST** be provided or you will not be assigned a court date.
- Please include a self-addressed stamped envelope so a copy of the completed form with a court date assigned may be returned to you.
- **You are responsible for notifying all other necessary parties and attorneys of the court date assigned. You must complete and file with the Clerk's office a certificate of service representing that you have mailed a copy of the complete request for hearing form to all necessary parties or attorneys.**

Name of Attorney or Party requesting hearing: _____

Name(s) of opposing counsel: _____

Guardian ad Litem (if applicable): _____

Purpose of hearing (Temporary Hearing, Final Hearing, Name of Motion(s) to be heard):

Does this case involve contested custody? YES NO

If yes, has the case been to mediation? YES NO

(If the case involves contested custody and mediation has not yet been requested and completed, no hearing date will be assigned. Please contact the Judge's Office for a mediation referral request form or for direction on obtaining an emergency hearing.)

**** Will the hearing take longer than 1 ½ hours total for both parties to complete ****

Yes No

Estimated time: Plaintiff Defendant

**** Note: If the hearing will take longer than 1 ½ hour, the matter will be specially set by Judge Dickinson's office. If your case needs to be specially set due to out of state witnesses or other special circumstances, contact Ashley A. Anderson, Judicial Assistant to Judge David L. Dickinson.**

RULE NISI

A hearing concerning the above referenced matter having been requested, the parties are hereby ordered to appear on the ____ day of _____, 20__ at _____ o'clock __.m. in Courtroom 504 of the Forsyth County Courthouse.

This _____ day of _____, 20_____.

Date returned to requesting party: ____/____/____

Deputy Clerk of Calendar Clerk

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CERTIFICATE OF SERVICE

This is to certify that I have this day served the parties in this foregoing matter with a copy of the attached hearing request form by depositing said copy in the United States Mail in a properly addressed envelope with adequate postage thereon as follows:

Name and Address of Opposing Attorney/Party:

Dated: _____

Signature of Party Requesting Hearing

Name: _____

Address: _____

Phone: _____