

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

_____,
Plaintiff

v.

_____,
Defendant

§
§
§
§
§
§
§

Civil Action
File No. _____

**REQUEST FOR CIVIL NON-JURY HEARING FOR 1 ½ HOURS OR LESS
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, Georgia 30040 Attention: Civil Division

- All information requested **MUST** be provided or you will not be assigned a court date.
- **Parties in contested domestic relations actions are required to attend mediation prior to any hearing.** Mediation services may be obtained through the Ninth Judicial Administrative District Office of Dispute Resolution (“9th JAD ADR”) located at 756 Green Street, Gainesville, GA 30501 (Telephone: (770) 535-6909). **If mediation has not been scheduled or completed, no hearing date will be assigned.**
- 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/Party requesting hearing: _____ Plaintiff Defendant Other _____

Name(s) of opposing Attorney/Party: _____ Plaintiff Defendant Other _____

Guardian ad Litem (if applicable): _____

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

Have the parties attended mediation? _____ YES _____ NO Date of Mediation: _____

Will the hearing take longer than 1 ½ hours total for both parties to complete: _____ YES _____ NO

Estimated time: _____ (Plaintiff) _____ (Defendant) _____ (Other Party)

****Note: Hearing in excess of 1 ½ hours, please complete and submit the Request for Civil Non-Jury Hearing in Excess of 1 ½ Hours form to Ashley A. Anderson, Judicial Assistant to Judge David L. Dickinson to be set on a bench trial calendar.**

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____.

Deputy Clerk or Calendar Clerk

Date returned to requesting party: ____/____/____

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	§	
Plaintiff	§	
	§	Civil Action
v.	§	File No. _____
	§	
	§	
Defendant	§	

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: _____