

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

**In the Interest of:**

\_\_\_\_\_  
**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_

\_\_\_\_\_  
**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **CASE NO.** \_\_\_\_\_

**Minor child(ren) under the age of eighteen (18) years.**

**REQUEST FOR HEARING AND RULE NISI**

**Please complete this form and return it to:**

Forsyth County Juvenile Court Clerk, 875 Lanier 400 Parkway, Cumming, Georgia 30040

- **This form must be filed in conjunction with a pleading for the relief requested.** No hearing will be assigned without a corresponding motion or pleading.
- All requested information must be provided or you will not be assigned a court date.
- **You are responsible for notifying all parties and attorneys of the assigned court date.**

**Name of Party/Attorney Requesting Hearing:** \_\_\_\_\_

☐ Petitioner ☐ Respondent ☐ Child Attorney/GAL ☐ Other: \_\_\_\_\_

**Name of Opposing Attorneys or Parties/CASA/Guardian ad Litem:**

\_\_\_\_\_  
\_\_\_\_\_

**Purpose of Hearing:** \_\_\_\_\_

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**Email Address & Phone Number:** \_\_\_\_\_

**RULE NISI**

A hearing having been requested in the above-styled matter on the issues raised above, the parties shall appear on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_:\_\_\_\_\_.m. at the Forsyth County Juvenile Court located at 875 Lanier 400 Parkway, Suite 100, Cumming, Georgia 30040.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge, Forsyth County Juvenile Court