

Civil Case Designation Form

Address: _____	:	
	:	Case Number: _____
Plaintiff(s),	:	
vs.	:	Judge: _____
	:	
Address: _____	:	
	:	
Defendant(s).	:	

Has this case been previously filed and dismissed? Check one: Yes No
 If yes, list case number and judge: _____
 List all related pending case(s), including case number and judge: _____

Please indicate which category and subcategory, if applicable.

- | | |
|---|--|
| <input type="checkbox"/> A. Professional Tort
<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Other Malpractice

<input type="checkbox"/> B. Product Liability

<input type="checkbox"/> C. Other Tort
<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Personal Injury – Auto
<input type="checkbox"/> Consumer Protection
<input type="checkbox"/> Miscellaneous

<input type="checkbox"/> D. Workers Compensation | <input type="checkbox"/> E. Foreclosure
<input type="checkbox"/> Residential
<input type="checkbox"/> Residential - Rental
<input type="checkbox"/> Business/Commercial

<input type="checkbox"/> F. Administrative Appeal

<input type="checkbox"/> G. Complex Litigation
Classification Requested

<input type="checkbox"/> H. Other Civil
<input type="checkbox"/> Appropriation* to Ct Adm
<input type="checkbox"/> Contract
<input type="checkbox"/> Debt Collection
<input type="checkbox"/> Stalking
<input type="checkbox"/> Consumer Protection
<input type="checkbox"/> Miscellaneous

<input type="checkbox"/> I. Criminal |
|---|--|

Mediation: Is this case appropriate for mediation?

Check one: Yes No

Non-attorney/unrepresented litigant:

Attorney:

 Party Name (if not represented by an attorney)

 Signature

 Address

 Address (continued)

 Contact telephone

 Email Address

 Attorney of Record

 Signature

 Attorney Registration Number

 Firm Name

 Firm Address

 Firm Phone Number

 Attorney Email Address