

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.

☐ A. **Professional Tort**

☐ Medical Malpractice

☐ Legal Malpractice

☐ Other Malpractice

☐ B. **Product Liability**

☐ C. **Other Tort**

☐ Personal Injury

☐ Personal Injury – Auto

☐ Consumer Protection

☐ Miscellaneous

☐ D. **Workers Compensation**

☐ E. **Foreclosure**

☐ Residential

☐ Residential - Rental

☐ Business/Commercial

☐ F. **Administrative Appeal**

☐ G. **Complex Litigation**
Classification Requested

☐ H. **Other Civil**

☐ Appropriation* to Ct Adm

☐ Contract

☐ Debt Collection

☐ Stalking

☐ Consumer Protection

☐ Miscellaneous

☐ 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)

Attorney of Record

Signature

Signature

Address

Attorney Registration Number

Address (continued)

Firm Name

Contact telephone

Firm Address

Firm Phone Number

Email Address

Attorney Email Address