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:

_____
Party Name (if not represented by an attorney)

_____
Signature

_____
Address

_____
Address (continued)

_____
Contact telephone

_____

_____
Email Address

Attorney:

_____
Attorney of Record

_____
Signature

_____
Attorney Registration Number

_____
Firm Name

_____
Firm Address

_____
Firm Phone Number

_____
Attorney Email Address