

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?
Non-attorney/unrepresented litigant:

Check one: Yes No
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