

## Civil Case Designation Form

Address: _____ _____ <div style="text-align: center;">Plaintiff(s),</div> vs. _____ _____ Address: _____ _____ <div style="text-align: center;">Defendant(s).</div>	: : : : : : : : : :	Case Number: _____   Judge: _____     
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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. <b>Professional Tort</b><br><input type="checkbox"/> Medical Malpractice<br><input type="checkbox"/> Legal Malpractice<br><input type="checkbox"/> Other Malpractice<br><input type="checkbox"/> B. <b>Product Liability</b><br><input type="checkbox"/> C. <b>Other Tort</b><br><input type="checkbox"/> Personal Injury<br><input type="checkbox"/> Personal Injury – Auto<br><input type="checkbox"/> Consumer Protection<br><input type="checkbox"/> _____<br><input type="checkbox"/> D. <b>Workers Compensation</b><br><input type="checkbox"/> E. <b>Foreclosure</b><br><input type="checkbox"/> Residential<br><input type="checkbox"/> Residential - Rental<br><input type="checkbox"/> Business/Commercial | <input type="checkbox"/> F. <b>Administrative Appeal</b><br><br><input type="checkbox"/> G. <b>Complex Litigation</b><br>Classification Requested<br><input type="checkbox"/> H. <b>Other Civil</b><br><br><input type="checkbox"/> Appropriation<br><input type="checkbox"/> Contract<br><input type="checkbox"/> Debt Collection<br><input type="checkbox"/> Stalking<br><input type="checkbox"/> Consumer Protection<br><input type="checkbox"/> _____<br><input type="checkbox"/> I. <b>Criminal</b> |
|--|--|

**Mediation:** Is this case appropriate for mediation?  
 Check one:      ☐ Yes   ☐ No

**Non-attorney/pro se litigant:**

\_\_\_\_\_  
 Party Name (if not represented by an attorney)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address (continued)

\_\_\_\_\_  
 Home Telephone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Email Address

**Attorney:**

\_\_\_\_\_  
 Attorney of Record

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Attorney Registration Number

\_\_\_\_\_  
 Firm Name

\_\_\_\_\_  
 Firm Address

\_\_\_\_\_  
 Firm Phone Number

\_\_\_\_\_  
 Attorney Email Address

## Civil Case Designation Form

Name: Click or tap here to enter text. :  
 Address: Click or tap here to enter text. :  
 Click or tap here to enter text. :  
 Plaintiff(s), :  
 vs. :

Case Number:

Name: Click or tap here to enter text. :  
 Address: Click or tap here to enter text. :  
 Click or tap here to enter text. :  
 Defendant(s). :

Judge: Choose an item.

Has this case been previously filed and dismissed? Check one: ☐ Yes ☐ No

If yes, list case number and judge: Click or tap here to enter text.

List all related pending case(s), including case number and judge: Click or tap here to enter text.

### Please indicate which category and subcategory, if applicable.

- |   |   |
|---|---|
| <input type="checkbox"/> A. <b>Professional Tort</b><br><input type="checkbox"/> Medical Malpractice<br><input type="checkbox"/> Legal Malpractice<br><input type="checkbox"/> Other Malpractice<br><input type="checkbox"/> B. <b>Product Liability</b><br><input type="checkbox"/> C. <b>Other Tort</b><br><input type="checkbox"/> Personal Injury<br><input type="checkbox"/> Personal Injury – Auto<br><input type="checkbox"/> Consumer Protection<br><input type="checkbox"/> Click or tap here to enter text.<br><input type="checkbox"/> D. <b>Workers Compensation</b><br><input type="checkbox"/> E. <b>Foreclosure</b><br><input type="checkbox"/> Residential<br><input type="checkbox"/> Residential - Rental<br><input type="checkbox"/> Business/Commercial | <input type="checkbox"/> F. <b>Administrative Appeal</b><br><input type="checkbox"/> G. <b>Complex Litigation</b><br>Classification Requested<br><input type="checkbox"/> H. <b>Other Civil</b><br><input type="checkbox"/> Appropriation<br><input type="checkbox"/> Contract<br><input type="checkbox"/> Debt Collection<br><input type="checkbox"/> Stalking<br><input type="checkbox"/> Consumer Protection<br><input type="checkbox"/> Click or tap here to enter text.<br><input type="checkbox"/> I. <b>Criminal</b> |
|---|---|

**Mediation:** Is this case appropriate for mediation?  
 Check one: ☐ Yes ☐ No

### **Non-attorney/pro se litigant:**

Click or tap here to enter text.  
 Party Name (if not represented by an attorney)  
 Click or tap here to enter text.  
 Signature  
 Click or tap here to enter text.  
 Address  
 Click or tap here to enter text.  
 Address (continued)  
 Click or tap here to enter text.  
 Home Telephone  
 Click or tap here to enter text.  
 Cell Phone  
 Click or tap here to enter text.  
 Email Address

### **Attorney:**

Click or tap here to enter text.  
 Attorney of Record  
 Click or tap here to enter text.  
 Signature  
 Click or tap here to enter text.  
 Attorney Registration Number  
 Click or tap here to enter text.  
 Firm Name  
 Click or tap here to enter text.  
 Firm Address  
 Click or tap here to enter text.  
 Firm Phone Number  
 Click or tap here to enter text.  
 Attorney Email Address