

Civil Case Designation Form

Address: _____

: Case Number: _____

Plaintiff(s),
vs. _____

: _____
Judge: _____

Address: _____

: _____
Defendant(s). _____

Has this case been previously filed and dismissed? _____
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"/> F. Administrative Appeal
<input type="checkbox"/> Medical Malpractice	
<input type="checkbox"/> Legal Malpractice	<input type="checkbox"/> G. Complex Litigation
<input type="checkbox"/> Other Malpractice	Classification Requested
<input type="checkbox"/> B. Product Liability	<input type="checkbox"/> H. Other Civil
<input type="checkbox"/> C. Other Tort	<input type="checkbox"/> Appropriation
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Contract
<input type="checkbox"/> Personal Injury – Auto	<input type="checkbox"/> Debt Collection
<input type="checkbox"/> Consumer Protection	<input type="checkbox"/> Stalking
<input type="checkbox"/> _____	<input type="checkbox"/> Consumer Protection
<input type="checkbox"/> D. Workers Compensation	<input type="checkbox"/> I. Criminal
<input type="checkbox"/> E. Foreclosure	
<input type="checkbox"/> Residential	
<input type="checkbox"/> Residential - Rental	
<input type="checkbox"/> Business/Commercial	

Non-attorney/pro se litigant:

Party Name (if not represented by an attorney) _____

Attorney of Record _____

Signature _____

Signature _____

Address _____

Attorney Registration Number _____

Address (continued) _____

Firm Name _____

Home Telephone _____

Firm Address _____

Cell Phone _____

Firm Phone Number _____

Email Address _____

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

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

Mediation: Is this case appropriate for mediation?

Check one: Yes No

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