



CIVIL INFORMATION SHEET

The civil information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

<u>NATURE OF SUIT</u> (Place an X in one box only – If the case involves more than one of the following categories, indicate the category having the highest dollar value)			
<u>CIVIL</u> If a CH. 61: \$ _____ (Judgment Demand Amount)			
<u>TORT</u> <input type="checkbox"/> Asbestos Product Liability <input type="checkbox"/> Automobile Tort <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Other Professional Malpractice <input type="checkbox"/> Premises Liability <input type="checkbox"/> Slander/Libel/Defamation <input type="checkbox"/> Tobacco Product Liability <input type="checkbox"/> Toxic/Other Product Liability <input type="checkbox"/> Other Tort	<u>CONTRACT REAL</u> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Employment Dispute - Discrimination <input type="checkbox"/> Employment Dispute - Other <input type="checkbox"/> Fraud <input type="checkbox"/> Landlord/Tenant - Unlawful Detainer <input type="checkbox"/> Landlord/Tenant Dispute – Other <input type="checkbox"/> Seller Plaintiff (debt collection) <input type="checkbox"/> Other Contract <input type="checkbox"/> Other Writs	<u>PROPERTY</u> <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Other Real Property	<input type="checkbox"/> <u>STATE TAX WARRANT</u> <input type="checkbox"/> <u>MISCELLANEOUS</u> <input type="checkbox"/> 60-1507 <input type="checkbox"/> Habeas Corpus
		<input type="checkbox"/> <u>CIVIL APPEALS</u> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> Other Civil Appeal	<input type="checkbox"/> <u>OTHER CIVIL</u> <input type="checkbox"/> <u>SMALL CLAIMS</u>
<u>DOMESTIC</u>			
<input type="checkbox"/> <u>MARRIAGE DISSOLUTION/DIVORCE</u> <input type="checkbox"/> <u>PROTECTION FROM ABUSE</u> <input type="checkbox"/> <u>PROTECTION FROM STALKING</u> <input type="checkbox"/> <u>UIFSA</u> <input type="checkbox"/> <u>OTHER DOMESTIC RELATIONS</u> <input type="checkbox"/> <u>NON-DIVORCE SUPPORT, CUSTODY OR VISITATION</u> <input type="checkbox"/> <u>PATERNITY</u>			
<u>PROBATE/ESTATE</u>			
<input type="checkbox"/> <u>GUARDIAN /CONSERVATOR</u> <input type="checkbox"/> Conservatorship/Trusteeship <input type="checkbox"/> Guardianship – Adult <input type="checkbox"/> Guardianship - Minor <input type="checkbox"/> Guardian/Conservator – Adult <input type="checkbox"/> Guardian/Conservator - Minor	<input type="checkbox"/> <u>DETERMINATION OF DESCENT</u> <input type="checkbox"/> <u>SEXUALLY VIOLENT PREDATOR</u> <input type="checkbox"/> <u>DECEDENT ESTATE</u>	<input type="checkbox"/> <u>ELDER ABUSE</u> <input type="checkbox"/> <u>OTHER PROBATE / ESTATE</u> <input type="checkbox"/> <u>CARE AND TREATMENT</u>	<input type="checkbox"/> <u>ADOPTION</u>

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE _____ SHERIFF OUT OF STATE _____
County State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

DEFENDANT / OTHER PARTY INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name) (Date of Birth) (Social Security Number)

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL CIVIL PARTY INFORMATION

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____
SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

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(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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