



For Office Use Only

### 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](http://www.kscourts.org).

**NATURE OF SUIT** (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)

**CIVIL** If a CH. 61: \$ \_\_\_\_\_ (Judgment Demand Amount)

<b>TORT</b>	<b>CONTRACT</b>	<b>REAL PROPERTY</b>	<input type="checkbox"/> <b>STATE TAX WARRANT</b>
<input type="checkbox"/> Asbestos Product Liability	<input type="checkbox"/> Buyer Plaintiff	<input type="checkbox"/> Eminent Domain	
<input type="checkbox"/> Automobile Tort	<input type="checkbox"/> Employment Dispute - Discrimination	<input type="checkbox"/> Mortgage Foreclosure	
<input type="checkbox"/> Intentional Tort	<input type="checkbox"/> Employment Dispute - Other	<input type="checkbox"/> Other Real Property	
<input type="checkbox"/> Legal Malpractice	<input type="checkbox"/> Fraud		
<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Landlord/Tenant - Unlawful Detainer	<b>MISCELLANEOUS</b>	
<input type="checkbox"/> Other Professional Malpractice	<input type="checkbox"/> Landlord/Tenant Dispute – Other	<input type="checkbox"/> 60-1507	
<input type="checkbox"/> Premises Liability	<input type="checkbox"/> Seller Plaintiff (debt collection)	<input type="checkbox"/> Habeas Corpus	
<input type="checkbox"/> Slander/Libel/Defamation	<input type="checkbox"/> Other Contract	<input type="checkbox"/> Other Writs	
<input type="checkbox"/> Tobacco Product Liability			
<input type="checkbox"/> Toxic/Other Product Liability	<b>CIVIL APPEALS</b>	<input type="checkbox"/> <b>OTHER CIVIL</b>	
<input type="checkbox"/> Other Tort	<input type="checkbox"/> Administrative Agency	<input type="checkbox"/> <b>SMALL CLAIMS</b>	
	<input type="checkbox"/> Other Civil Appeal		

**DOMESTIC**

**MARRIAGE DISSOLUTION/DIVORCE**     **PROTECTION FROM ABUSE**     **PROTECTION FROM STALKING**     **UIFSA**

**OTHER DOMESTIC RELATIONS**     **NON-DIVORCE SUPPORT, CUSTODY OR VISITATION**     **PATERNITY**

**PROBATE/ESTATE**

<b>GUARDIAN /CONSERVATOR</b>	<input type="checkbox"/> <b>DETERMINATION OF DESCENT</b>	<input type="checkbox"/> <b>ELDER ABUSE</b>	<input type="checkbox"/> <b>ADOPTION</b>
<input type="checkbox"/> Conservatorship/Trusteeship	<input type="checkbox"/> <b>SEXUALLY VIOLENT PREDATOR</b>	<input type="checkbox"/> <b>OTHER PROBATE / ESTATE</b>	
<input type="checkbox"/> Guardianship – Adult	<input type="checkbox"/> <b>DECEDENT ESTATE</b>	<input type="checkbox"/> <b>CARE AND TREATMENT</b>	
<input type="checkbox"/> Guardianship - Minor			
<input type="checkbox"/> Guardian/Conservator – Adult			
<input type="checkbox"/> Guardian/Conservator - Minor			

**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 \_\_\_\_\_ County     SHERIFF OUT OF STATE \_\_\_\_\_ 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

**ATTORNEYS**

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

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\_\_\_\_\_

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SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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State and Number

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State and Number

ALIAS NAMES USED: \_\_\_\_\_

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