

PETITIONER'S (or ATTORNEY'S) NAME & ADDRESS: _____ _____ _____ _____ PETITIONER P.I.N.#: _____ Telephone No: _____	FOR COURT USE ONLY CASE NUMBER:  COUNTY WHERE CASE FILED:
CASE NAME: _____	

NATURE OF THE CASE: CHECK the BOX to the LEFT of the ONE case category that most accurately describes your PRIMARY CASE.

If you are making more than one type of claim, check the one that involves the largest amount of damages or the one you consider most important.

<input type="checkbox"/> <b>LAW: Contract/Commercial Claim</b>	<input type="checkbox"/> <b>DOMESTIC RELATIONS</b>	<input type="checkbox"/> <b>EQUITY</b>
<input type="checkbox"/> Debt collection (LA-C1)	<input type="checkbox"/> Dissolution-children involved (CD-DC)	<input type="checkbox"/> Mortgage foreclosure (EQ-EM)
<input type="checkbox"/> Employment-related claim (LA-C3)	<input type="checkbox"/> Dissolution-no children (CD-DN)	<input type="checkbox"/> Other real property claim (EQ-ER)
<input type="checkbox"/> Other contract/commercial claim (LA-C9)	<input type="checkbox"/> Modification-children involved (CD-MC)	<input type="checkbox"/> Other equity (EQ-EO)
	<input type="checkbox"/> Modification-no children (CD-MN)	
<input type="checkbox"/> <b>LAW: Tort-Personal Injury (P.I.)</b>	<input type="checkbox"/> § 236 - Domestic abuse (DA-DA)	<input type="checkbox"/> <b>OTHER CIVIL ACTIONS</b>
<input type="checkbox"/> Motor vehicle accident (LA-T2)	<input type="checkbox"/> § 234 - Foster care (DR-D1)	<input type="checkbox"/> Administrative appeal to dist. ct. (CV-V1)
<input type="checkbox"/> Premises liability/slip & fall (LA-T3)	<input type="checkbox"/> § 252A - Support action (DR-D2)	<input type="checkbox"/> Change of name (CN-CN)
<input type="checkbox"/> Malpractice: medical or dental (LA-T1)	<input type="checkbox"/> § 252A.18 - Foreign support (DR-D3)	<input type="checkbox"/> Distress warrant (CV-V2)
<input type="checkbox"/> Products liability (toxic chem./subst.) (LA-T8)	<input type="checkbox"/> § 252B.11 - Cost recovery (DR-D4)	<input type="checkbox"/> Foreign judgment entry (CV-V3)
<input type="checkbox"/> Products liability (not toxic substance) (LA-T4)	<input type="checkbox"/> § 252C - Administrative Order (DR-D5)	<input type="checkbox"/> Lien (LN - IE, IH, IM or IO)
<input type="checkbox"/> Wrongful death (LA-T7)	<input type="checkbox"/> § 252D - Income withholding (DR-D6)	<input type="checkbox"/> Post conviction relief (PC-PC)
<input type="checkbox"/> Other negligent/intentional P.I. (LA-T9)	<input type="checkbox"/> § 252E - Medical support (DR-D7)	<input type="checkbox"/> Seized property/forfeiture (SP-SP)
	<input type="checkbox"/> § 252F/ § 600B – Paternity (DR-D8)	<input type="checkbox"/> Transcript of judgment (TJ-TJ)
<input type="checkbox"/> <b>LAW: Tort-Other damages (no P.I.)</b>	<input type="checkbox"/> § 252K - UFISA (DR-R1)	<input type="checkbox"/> Other civil action (CV-V9)
<input type="checkbox"/> Professional malpractice-no P.I. (LA-T5)	<input type="checkbox"/> § 598B – Out of state custody (DR-R2)	<u><b>FOR COURT USE ONLY</b></u>
<input type="checkbox"/> Fraud/business tort (LA-C2)	<input type="checkbox"/> § 600 - Adoption (AT-AT)	
<input type="checkbox"/> Other tort - property/financial damages (LA-T6)	<input type="checkbox"/> Other domestic relations action (DR-D9)	

\_\_\_\_\_  
TYPE OR PRINT NAME

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

**\*NOTE TO PETITIONER/PLAINTIFF:**

- This cover sheet **MUST** accompany each civil petition EXCEPT: small claims, probate, or mental health commitment actions.
- DO NOT SERVE THIS COVER SHEET ON THE DEFENDANT(S).
- This cover sheet is for statistical purposes only. It shall have no legal affect on the validity of the claims or statute of limitations.