

NOTICE TO MEMBERS OF THE BAR AND ALL LITIGANTS

The attached Case Information and Litigation Data Form is now required to be completed by all parties in a civil jury or non-jury case, and filed with the Court, to include: Civil, small claims, forcible entry and detainer actions, Family actions, Probate matters. The form requires contact information of both the attorneys for each party, and all litigants to the case, which shall be provided by the plaintiff(s) at case initiation or within five (5) days thereof, and by the defendant (s) at the time of the filing of an Answer or initial pleading (i.e. filing of a Rule 12(b)(6) Motion to dismiss), or within five (5) days thereafter. Completion of this form is a mandatory procedural requirement of the case.

It is the responsibility of the respective attorney to update the information on file with the Court (for both the attorney and his client), as it changes. Failure to update the information as the litigation progresses could be considered in motions for good cause or excusable neglect, or in motions to reopen an action after default, based on lack of service or notice of proceedings. Moreover, the plaintiff's failure to complete the form may result in dismissal of the action for failure to prosecute.

Additional copies of the Case Information and Litigation Data Form may be obtained from the Clerk's Office or on the Court's website, at www.visuperiorcourt.org ("Forms" link).

CASE INFORMATION AND LITIGANT DATA FORM

CASE NO. _____

DATE OF FILING: _____

PARTY INFORMATION

PLAINTIFF 1: (FULL NAME)

PLAINTIFF 2: (FULL NAME)

ALIAS: _____

ALIAS: _____

PLACE OF BIRTH: _____

PLACE OF BIRTH: _____

DOB: ___/___/___
MONTH/DAY/YEAR

DOB: ___/___/___
MONTH/DAY/YEAR

MAILING ADDRESS: (Include zip code)

PHYSICAL ADDRESS:

PLACE OF EMPLOYMENT:

EMAIL ADDRESS:

HOME TELEPHONE: () _____

HOME TELEPHONE: () _____

CELL NUMBER: () _____

CELL NUMBER: () _____

WORK NO.: () _____

WORK NO.: () _____

FAX NO.: () _____

FAX NO.: () _____

ATTORNEY INFORMATION

CHECK HERE IF APPEARING PRO SE (ON YOUR OWN BEHALF, WITHOUT AN ATTORNEY)

ATTORNEY 1: (FULL NAME)

ATTORNEY 2: (FULL NAME)

MAILING ADDRESS: (Include zip code)

PHYSICAL OFFICE ADDRESS:

Check if Same as Mailing Address

Check if Same as Mailing Address

EMAIL ADDRESS:

HOME TELEPHONE: () _____

HOME TELEPHONE: () _____

CELL NUMBER: () _____

CELL NUMBER: () _____

WORK NO.: () _____

WORK NO.: () _____

FAX NO.: () _____

FAX NO.: () _____

CASE INFORMATION AND LITIGANT DATA FORM

Check here if there are more than two (2) plaintiffs and/or plaintiffs' attorneys involved in this case, and attach a separate sheet that includes the required information for all such additional persons.

CASE INFORMATION

Place an X next to the case type that best describes this case :

TRACK 1: (Basic) Debt/Foreclosure Eminent Domain Condemnation Family/Related Cases
 Enforcement of Settlement/Arbitration Award

TRACK 2: (Standard) Contract Tort - Non-personal injury Tort- Personal Injury Probate/Wills & Trust
 Real Property/Partition Employment/Labor

TRACK 3: (Complex) Class Action Product Liability Toxic Tort

TRACK 4: (Appellate) Magistrate Appeal Writ of Review /Admin. Appeal

TRACK 5: (Special/PITA) Habeas Corpus/Prisoner petitions Expungement Extradition Foreign Judgment
 Judicial Review /Mandamus

OTHER: Injunctive Relief/TRO Other _____
EMERGENCY/EXPEDITED PETITIONS: Small Claims Landlord/Tenant

LIST/SPECIFY ALL CAUSES OF ACTION PLED: _____

SIGNATURE(S) -- (Each Plaintiff's Attorney or Pro Se Litigant is Required to Sign and Date the document below):

PRINT

PRINT

SIGNATURE

SIGNATURE

DATED

DATED

CASE INFORMATION AND LITIGANT DATA FORM

CASE NO. _____

PARTY INFORMATION

DEFENDANT 1: (FULL NAME)

DEFENDANT 2: (FULL NAME)

ALIAS: _____

PLACE OF BIRTH: _____

PLACE OF BIRTH: _____

DOB: ___/___/___
MONTH/DAY/YEAR

DOB: ___/___/___
MONTH/DAY/YEAR

MAILING ADDRESS: (Include zip code)

PHYSICAL ADDRESS:

PLACE OF EMPLOYMENT:

EMAIL ADDRESS:

HOME TELEPHONE: () _____
CELL NUMBER: () _____
WORK NO.: () _____
FAX NO.: () _____

() _____
() _____
() _____
() _____

DEFENSE ATTORNEY INFORMATION

CHECK HERE IF APPEARING PRO SE (ON YOUR OWN BEHALF, WITHOUT AN ATTORNEY)

ATTORNEY 1: (FULL NAME)

ATTORNEY 2: (FULL NAME)

MAILING ADDRESS: (Include zip code)

PHYSICAL OFFICE ADDRESS:

Check If Same as Mailing Address

Check if Same as Mailing Address

CASE INFORMATION AND LITIGANT DATA FORM

EMAIL ADDRESS:

HOME TELEPHONE: (____) _____

(____) _____

CELL NUMBER: (____) _____

(____) _____

WORK NO.: (____) _____

(____) _____

FAX NO.: (____) _____

(____) _____

Check here if there are more than two (2) defendants and/or defense attorneys involved in this case, and attach a separate sheet that includes the required information for all such additional persons.

SIGNATURE(S) -- (Each Defense Attorney or Pro Se Defendant is Required to Sign and Date the document below):

PRINT

PRINT

SIGNATURE

SIGNATURE

DATED

DATED