

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: _____

Y OB: _____
YEAR

Y OB: _____
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