

**Civil Case Designation Form**

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s),  
vs. \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Defendant(s).

:  
:  
: Case Number: \_\_\_\_\_  
:  
:  
:  
: Judge: \_\_\_\_\_  
:  
:  
:  
:  
:

Has this case been previously filed and dismissed? Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list case number and judge: \_\_\_\_\_  
List all related pending case(s), including case number and judge: \_\_\_\_\_

**Please indicate which category and subcategory, if applicable.**

_____ A. Professional Tort	_____ E. Foreclosure
_____ Medical Malpractice	_____ Residential
_____ Legal Malpractice	_____ Residential - Rental
_____ Other Malpractice	_____ Business/Commercial
_____ B. Product Liability	_____ F. Administrative Appeal
_____ C. <b>Other Tort</b>	_____ G. Complex Litigation Classification Requested
_____ Personal Injury	_____ H. <b>Other Civil</b>
_____ Personal Injury - Auto	_____ Appropriation* to Ct Adm
_____ Consumer Protection	_____ Contract
_____ Miscellaneous	_____ Debt Collection
_____ D. <b>Workers Compensation</b>	_____ Stalking
_____ Self-insured	_____ Consumer Protection
_____ State funded	_____ Miscellaneous

**Mediation:** Is this case appropriate for mediation? Check one: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Non-attorney/pro se litigant:**

**Attorney:**

\_\_\_\_\_  
Party Name (if not represented by an attorney)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Address (continued)  
\_\_\_\_\_  
Home Telephone  
\_\_\_\_\_  
Cell Phone  
\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney of Record  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Attorney Registration Number  
\_\_\_\_\_  
Firm Name  
\_\_\_\_\_  
Firm Address  
\_\_\_\_\_  
Firm Phone Number  
\_\_\_\_\_  
Attorney Email Address