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.

NATURE OF SUIT (Click or mark in one circle only category having the highest dollar value)	– If the case involves	more than one of the following car	tegories, indicate the	
<u>CIVIL</u> If a CH. 61: \$(Judgn	nent Demand Amount))		
TORT Asbestos Product Liability Automobile Tort Intentional Tort Legal Malpractice Medical Malpractice Other Professional Malpractice Premises Liability Slander/Libel/Defamation Tobacco Product Liability Toxic/Other Product Liability CONTRACT Buyer Plaintiff Employment Disp Employment Disp Landlord/Tenant I Seller Plaintiff (de Other Contract CIVIL APPEALS	ute - Discrimination ute - Other - Unlawful Detainer Dispute – Other ebt collection)	REAL PROPERTY Eminent Domain Mortgage Foreclosure Other Real Property MISCELLANEOUS 60-1507 Habeas Corpus Other Writs OTHER CIVIL	STATE TAX WARRANT	
Other Tort Administrative Ag Other Civil Appea		SMALL CLAIMS		
DOMESTIC				
	TION FROM ABUSE	PROTECTION FROM STALK	ING UIFSA	
OTHER DOMESTIC RELATIONS NON-DIVOR	CE SUPPORT, CUSTO	DDY OR VISITATION PAT	<u>ERNITY</u>	
PROBATE/ESTATE				
Conservatorship/Trusteeship	ON OF DESCENT PLENT PREDATOR TATE	ELDER ABUSE OTHER PROBATE / ESTATE CARE AND TREATMENT	<u>ADOPTION</u>	
JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO				
SUMMONS ATTACHED: YES N SERVICE BY: PROCESS SERVER/ATTORNEY SHERIF SHERIFF'S PROCESS FEE ATTACHED YES PLAINTIFF / SUBJECT INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)	FF IN STATE NO DEFENDANT /	SHERIFF OUT OF STATE OTHER PARTY INFORMATION NAL SHEET, IF NECESSARY)	State	
NAME:ADDRESS:	NAME:ADDRESS:			
PHONE: SEX: SSN: DOB: DOB: State and Number ALIAS NAMES USED:	PHONE: SSN: DL OR STATE I ALIAS NAMES	State and Number		
ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)	ATTORNEYS (if (Firm Name, Address, 1	f known) Felephone Number and Supreme Court ID Numbe	r)	

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD: (Name) (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)	PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE) (ATTACH ADDITIONAL SHEET, IF NECESSARY)
NAME.	NAMP.
NAME:ADDRESS:	NAME:ADDRESS:
PHONE: SEX: SSN: DOB: DL OR STATE ID NO: State and Number	PHONE:
SSN:DOB:	SSN:DOB:
DL OR STATE ID NO:	DL OR STATE ID NO:
ALIAS NAMES USED:	ALIAS NAMES USED:
ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)	ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)
PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE) (ATTACH ADDITIONAL SHEET, IF NECESSARY)	PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE) (ATTACH ADDITIONAL SHEET, IF NECESSARY)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE: SEX: SSN: DOB: DL OR STATE ID NO: State and Number	PHONE:
SSN:DOB:	SSN:DOB:
DL OR STATE ID NO:	DL OR STATE ID NO:State and Number
ALIAS NAMES USED:	ALIAS NAMES USED:
ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)	ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)
PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE) (ATTACH ADDITIONAL SHEET, IF NECESSARY)	(ATTACH ADDITIONAL SHEET, IF NECESSARY)
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE: SEX: DOB:	PHONE: SEX: DOB:
SSN: DOB:	SSN: DOB:
DL OR STATE ID NO:	DL OR STATE ID NO:
State and Number	State and Number
ALIAS NAMES USED:	ALIAS NAMES USED:
ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)	ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)

<u>FOR DOMESTIC CASES</u> - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD: (Name) (Social Security Number)