



For Office Use Only

CIVIL COVER SHEET

The civil cover 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 (Mark only one - If the case involves more than one of the following categories, indicate the category having the highest dollar value.)

CIVIL If a CH. 61: \$ _____ (Judgment Demand Amount)

- | | | | |
|---|---|---|--|
| <p>TORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asbestos Product Liability <input type="checkbox"/> Automobile Tort <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Legal Malpractice <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Other Professional Malpractice <input type="checkbox"/> Premises Liability <input type="checkbox"/> Slander/Libel/Defamation <input type="checkbox"/> Tobacco Product Liability <input type="checkbox"/> Toxic/Other Product Liability <input type="checkbox"/> Other Tort | <p>CONTRACT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Buyer Plaintiff <input type="checkbox"/> Employment Dispute - Discrimination <input type="checkbox"/> Employment Dispute - Other <input type="checkbox"/> Fraud <input type="checkbox"/> Landlord/Tenant - Forcible Detainer <input type="checkbox"/> Landlord/Tenant Dispute - Other <input type="checkbox"/> Seller Plaintiff (debt collection) <input type="checkbox"/> Other Contract <p>CIVIL APPEALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> Other Civil Appeal <input type="checkbox"/> Tax Appeal | <p>REAL PROPERTY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Other Real Property <input type="checkbox"/> Tax Foreclosure <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 60-1507 <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Other Writs <input type="checkbox"/> Name Change <input type="checkbox"/> Post Judgment Elevation LM to CV <input type="checkbox"/> Transfer Pre-Judgment LM to CV | <ul style="list-style-type: none"> <input type="checkbox"/> STATE TAX WARRANT <input type="checkbox"/> OTHER CIVIL <input type="checkbox"/> SMALL CLAIMS |
|---|---|---|--|

- DOMESTIC**
- MARRIAGE DISSOLUTION/DIVORCE**
 - PROTECTION FROM ABUSE**
 - PROTECTION FROM STALKING**
 - UIFSA**
 - OTHER DOMESTIC RELATIONS**
 - NON-DIVORCE SUPPORT, CUSTODY OR VISITATION**
 - PATERNITY**
 - DOMESTIC FOREIGN JUDGMENT (OUT OF COUNTY)**

- PROBATE/ESTATE**
- | | | |
|---|---|--|
| <p>GUARDIAN/CONSERVATOR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conservatorship/Trusteeship <input type="checkbox"/> Guardianship - Adult <input type="checkbox"/> Guardianship - Minor <input type="checkbox"/> Guardian/Conservator - Adult <input type="checkbox"/> Guardian/Conservator - Minor <p>PROBATE RECORDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Probate Record - Other County <input type="checkbox"/> Probate Record - Other State | <ul style="list-style-type: none"> <input type="checkbox"/> DETERMINATION OF DESCENT <input type="checkbox"/> SEXUALLY VIOLENT PREDATOR <input type="checkbox"/> DECEDENT ESTATE <input type="checkbox"/> REFUSAL TO GRANT LETTERS <input type="checkbox"/> FILING WILL AND AFFIDAVIT <input type="checkbox"/> OTHER PROBATE/ESTATE | <ul style="list-style-type: none"> <input type="checkbox"/> ADOPTION <input type="checkbox"/> FOREIGN ADOPTION <input type="checkbox"/> CARE AND TREATMENT <input type="checkbox"/> TERMINATION OF JOINT TENANCY <input type="checkbox"/> TERMINATION OF LIFE ESTATE |
|---|---|--|

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO **SHERIFF'S PROCESS FEE ATTACHED** YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE _____ (County) SHERIFF OUT OF STATE _____ (State)

PLAINTIFF/SUBJECT INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

CELL PHONE: _____

E-MAIL: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

DEFENDANT/OTHER PARTY INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

CELL PHONE: _____

E-MAIL: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name)	(Date of Birth)	(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)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

CELL PHONE: _____

E-MAIL: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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CELL PHONE: _____

E-MAIL: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

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(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name)	(Date of Birth)	(Social Security Number)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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