



### 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](http://www.kscourts.org).

**NATURE OF SUIT** (Click or mark in one circle only - 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)

<b>TORT</b> 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 Other Tort	<b>CONTRACT</b> Buyer Plaintiff Employment Dispute - Discrimination Employment Dispute - Other Fraud Landlord/Tenant - Unlawful Detainer Landlord/Tenant Dispute - Other Seller Plaintiff (debt collection) Other Contract	<b>REAL PROPERTY</b> Eminent Domain Mortgage Foreclosure Other Real Property	<b>STATE TAX WARRANT</b>
	<b>CIVIL APPEALS</b> Administrative Agency Other Civil Appeal	<b>MISCELLANEOUS</b> 60-1507 Habeas Corpus Other Writs	<b>OTHER CIVIL</b>
		<b>SMALL CLAIMS</b>	

**DOMESTIC**

<b>MARRIAGE DISSOLUTION/DIVORCE</b>	<b>PROTECTION FROM ABUSE</b>	<b>PROTECTION FROM STALKING</b>	<b>UIFSA</b>
<b>OTHER DOMESTIC RELATIONS</b>	<b>NON-DIVORCE SUPPORT, CUSTODY OR VISITATION</b>	<b>PATERNITY</b>	

**PROBATE/ESTATE**

<b>GUARDIAN /CONSERVATOR</b> Conservatorship/Trusteeship Guardianship - Adult Guardianship - Minor Guardian/Conservator - Adult Guardian/Conservator - Minor	<b>DETERMINATION OF DESCENT</b>  <b>SEXUALLY VIOLENT PREDATOR</b>  <b>DECEDENT ESTATE</b>	<b>ELDER ABUSE</b>  <b>OTHER PROBATE / ESTATE</b>  <b>CARE AND TREATMENT</b>	<b>ADOPTION</b>
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**JURY DEMAND** YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

**SUMMONS ATTACHED:** YES NO

**SERVICE BY:** PROCESS SERVER/ATTORNEY SHERIFF IN STATE \_\_\_\_\_ County SHERIFF OUT OF STATE \_\_\_\_\_ State

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

**PLAINTIFF / SUBJECT INFORMATION**  
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**DL OR STATE ID NO:** \_\_\_\_\_  
State and Number  
**ALIAS NAMES USED:** \_\_\_\_\_

**DEFENDANT / OTHER PARTY INFORMATION**  
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**DL OR STATE ID NO:** \_\_\_\_\_  
State and Number  
**ALIAS NAMES USED:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEYS (if known)**  
(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: \_\_\_\_\_

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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\_\_\_\_\_

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State and Number

ALIAS NAMES USED: \_\_\_\_\_

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