CASE FILING STATEMENT

(Two-Party Cases)

Please **check** the case type you are filing:

CI		e				
DI	V: ☐ Divorce* ☐ Annulment* ☐ Sep	arate Maintenance*				
SM	IC : Small Claims					
	Complete a form for each This Statement is	additional Plaintiff s not retained in the court file.	or Defend	ant		
Plaintiff: Last/Business name		First N		liddle	Suffix	
Check box if Mailing Address is same as physical address	Physical Address:	City:	State	Zip: _		
	Mailing Address:	City:	State:	Zip: _		
	Date of Birth: ddyyyy					
	Social Security #:	and/or Drivers licens	se #	St	ate	
	Employer ID (if Plaintiff is a business or other entity)					
	Attorney:	Attorney: Last First Phone #				
		First	Phone #			
	Mailing Address:	City:	State:	Zip: _		
Defendant: Last/Business name		First		iddle	Suffix	
Check box if Mailing Address is same as physical address	Physical Address:	City:	State	Zip: _		
	Mailing Address:	City:	State:	Zip: _		
	Date of Birth: dd yyyy					
	Social Security #:	and/or Drivers license #		State		
	Employer ID (if Defendant is a business or other entity)					
	Attorney:Last	First		Phone	#	
	Mailing Address:	City:	State:	Zip:		

^{*} For cases involving divorce, child support, and paternity, you must include your Social Security Number. $42\ USC\ 666(a)(13)(B)$,