

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

<b><u>NATURE OF SUIT</u></b> (Mark only one - If the case involves more than one of the following categories, indicate the category having the highest dollar value.)			
<b><u>CIVIL</u></b> If a CH. 61: \$ _____ (Judgment Demand Amount)			
<b>TORT WARRANT</b> <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	<b>CONTRACT</b> <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 - Unlawful Detainer <input type="checkbox"/> Landlord/Tenant Dispute – Other <input type="checkbox"/> Seller Plaintiff (debt collection) <input type="checkbox"/> Other Contract  <b>CIVIL APPEALS</b> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> Other Civil Appeal	<b>REAL PROPERTY</b> <input type="checkbox"/> STATE TAX  <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Mortgage Foreclosure <input type="checkbox"/> Other Real Property  <b>MISCELLANEOUS</b> <input type="checkbox"/> 60-1507 <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Other Writs  <input type="checkbox"/> OTHER CIVIL  <input type="checkbox"/> SMALL CLAIMS	
<b><u>DOMESTIC</u></b>			
<input type="checkbox"/> MARRIAGE DISSOLUTION/DIVORCE <input type="checkbox"/> PROTECTION FROM ABUSE <input type="checkbox"/> PROTECTION FROM STALKING <input type="checkbox"/> UIFSA <input type="checkbox"/> OTHER DOMESTIC RELATIONS <input type="checkbox"/> NON-DIVORCE SUPPORT, CUSTODY OR VISITATION <input type="checkbox"/> PATERNITY			
<b><u>PROBATE/ESTATE</u></b>			
<b>GUARDIAN/CONSERVATOR</b> <input type="checkbox"/> DETERMINATION OF DESCENT <input type="checkbox"/> ELDER ABUSE <input type="checkbox"/> ADOPTION <input type="checkbox"/> Conservatorship/Trusteeship <input type="checkbox"/> SEXUALLY VIOLENT PREDATOR <input type="checkbox"/> OTHER PROBATE/ESTATE <input type="checkbox"/> Guardianship - Adult <input type="checkbox"/> Guardianship - Minor <input type="checkbox"/> DECEDENT ESTATE CARE AND TREATMENT <input type="checkbox"/> Guardian/Conservator - Adult <input type="checkbox"/> Guardian/Conservator – Minor			

**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: \_\_\_\_\_

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.