

Form 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form shall be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions for completion.)

1. CASE STYLE

SANTA ROSA CIRCUIT COURT

Plaintiff: _____

Case #: _____

Judge: _____

vs.

Defendant: _____

2. TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x in both the main category and subcategory boxes.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Condominium <input type="checkbox"/> Contracts and indebtedness <input type="checkbox"/> Eminent domain <input type="checkbox"/> Auto negligence <input type="checkbox"/> Negligence~other <ul style="list-style-type: none"> <input type="checkbox"/> Business governance <input type="checkbox"/> Business torts <input type="checkbox"/> Environmental/Toxic tort <input type="checkbox"/> Third party indemnification <input type="checkbox"/> Construction defect <input type="checkbox"/> Mass tort <input type="checkbox"/> Negligent security <input type="checkbox"/> Nursing home negligence <input type="checkbox"/> Premises liability~commercial <input type="checkbox"/> Premises liability~residential <input type="checkbox"/> Products liability <input type="checkbox"/> Real property/Mortgage foreclosure <ul style="list-style-type: none"> <input type="checkbox"/> Commercial foreclosure \$0 - \$50,000 <input type="checkbox"/> Commercial foreclosure \$50,001 - \$249,999 <input type="checkbox"/> Commercial foreclosure \$250,000 or more | <ul style="list-style-type: none"> <input type="checkbox"/> Homestead residential foreclosure \$0 - \$50,000 <input type="checkbox"/> Homestead residential foreclosure \$50,001 - \$249,999 <input type="checkbox"/> Homestead residential foreclosure \$250,000 or more <input type="checkbox"/> Non-Homestead residential foreclosure \$0 - \$50,000 <input type="checkbox"/> Non-Homestead residential foreclosure \$50,001 - \$249,999 <input type="checkbox"/> Non-Homestead residential foreclosure \$250,000 or more <input type="checkbox"/> Other real property actions \$0 - \$50,000 <input type="checkbox"/> Other real property actions \$50,001 - \$249,999 <input type="checkbox"/> Other real property actions \$250,000 or more <input type="checkbox"/> Professional malpractice <ul style="list-style-type: none"> <input type="checkbox"/> Malpractice~business <input type="checkbox"/> Malpractice~medical <input type="checkbox"/> Malpractice~other professional <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> Antitrust/Trade regulation <input type="checkbox"/> Business transactions <input type="checkbox"/> Constitutional challenge~statute or ordinance |
|--|--|

- | | |
|--|--|
| <input type="checkbox"/> Constitutional challenge~proposed amendment | <input type="checkbox"/> Libel/Slander |
| <input type="checkbox"/> Corporate trusts | <input type="checkbox"/> Shareholder derivative action |
| <input type="checkbox"/> Discrimination~employment or other | <input type="checkbox"/> Securities litigation |
| <input type="checkbox"/> Insurance claims | <input type="checkbox"/> Trade secrets |
| <input type="checkbox"/> Intellectual property | <input type="checkbox"/> Trust litigation |

3. REMEDIES SOUGHT (Check all that apply):

- monetary;
 nonmonetary declaratory or injunctive relief;
 punitive

4. NUMBER OF CAUSES OF ACTION: []

(Specify)

5. IS THIS CASE A CLASS ACTION LAWSUIT?

- Yes
 No

6. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

- No
 Yes. If "Yes," list all related cases by name, case number, and court.

7. IS JURY TRIAL DEMANDED IN COMPLAINT?

- Yes
 No

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature: _____
Attorney or party

Fla. Bar #: _____
 (Bar # if attorney)

 (Type or print name)

Date: _____