

**CLASSIFICATION FORM**

THIS FORM MUST BE COMPLETED AND FILED WITH ALL CIVIL SUITS

\_\_\_\_\_  
Plaintiff

Judge: \_\_\_\_\_

Case # \_\_\_\_\_

VS

\_\_\_\_\_  
Defendant

ATTORNEY: \_\_\_\_\_

SUPREME COURT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Type of Case:

- |                                    |                              |
|------------------------------------|------------------------------|
| _____ Administrative Appeal        | _____ Injunction             |
| _____ Appropriation                | _____ Mandamus               |
| _____ Certificate of Qualification | _____ Medical Malpractice    |
| _____ Civil Protection Order       | _____ Other Torts-type _____ |
| _____ Class Action                 | _____ Personal Injury        |
| _____ Declaratory Judgment         | _____ Product Liability      |
| _____ Forcible Entry               | _____ Workers' Compensation  |
| _____ Foreclosure                  | _____ Wrongful Death         |
| _____ Foreclosure -Tax             | _____ All Others —type _____ |
| _____ Habeas Corpus                |                              |

Jury Requested: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Is this case a refiled case? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, name of Judge previously assigned to dismissed case: \_\_\_\_\_