

## ADDITIONAL CLAIMS INFORMATION SHEET

**I. Filing Attorney**

**II. Civil No.**

**III. Case Name**

**IV. Title of Pleading**

**V. Does the above pleading join any additional party(ies) not previously named?** \_\_\_\_\_ Yes \_\_\_ No

If "yes," please list **each additional party(ies)** below:

Name(s)

Party Designation

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

If additional space is needed, please attach additional sheet.

**VI. Does the above pleading remove any party(ies) previously named?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," please list **each party** who has been **removed**:

Name(s)

Party Designation

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

If additional space is needed, please attach additional sheet.

**VII. Signature of Filing Attorney**

**Date**



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office at PHONE NO. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.

## **INSTRUCTIONS FOR ATTORNEYS COMPLETING THE ADDITIONAL CLAIMS INFORMATION SHEET**

The additional claims information sheet and the information contained herein neither replaces nor supplements the filings, the service pleadings or other papers as required by law, except as provided by the rules of court.

This form, approved by the Administrative Judge is required by the Clerk of the Court for the purpose of ascertaining the status of parties to the lawsuit.

Consequently, an additional claims information sheet is submitted to the Clerk of the Court for each affirmative pleading filed subsequent to the initial complaint.

The attorney filing such affirmative pleadings shall complete the form as follows:

**I. Filing Attorney**

List the attorney's name, license number, firm name (if applicable), address and telephone number.

**II. Civil No.**

Indicate the civil number assigned to the case.

**III. Case Name**

Indicate a brief case title (full caption not necessary). Use of "et. al." designation is acceptable.

**IV. Title of Pleading**

Indicate the exact title of the pleading being filed.

**V. Joining Parties and Party Designation**

If there are more than four (4) additional parties, list them on an attachment noting in this section "(see attachment)." Examples of "party designation" are as follows: Additional plaintiff; additional defendant; additional cross-defendant; additional counterclaimant; additional counterclaim-defendant; plaintiff intervenor; defendant intervenor; third-party defendant, etc.

**VI. Removing Parties and Party Designation**

Same as Section V above.

**VII. Signature of Filing Attorney**

Date and sign the Additional Claims Information Sheet.