

CIVIL INFORMATION SHEET

PLAINTIFF(S)	I. (a) PLAINTIFF ATTORNEY (NAME & NUMBER)		
	DEFENDANT ATTORNEY (IF KNOWN)		
DEFENDANT(S)	II. NATURE OF SUIT		
	<input type="checkbox"/> (101) Contract <input type="checkbox"/> (201) Motor Vehicle Tort <input type="checkbox"/> (301) Assault & Battery <input type="checkbox"/> (302) Construction Defects <input type="checkbox"/> (303) Medical Malpractice <input type="checkbox"/> (304) Legal Malpractice <input type="checkbox"/> (306) Product Liability <input type="checkbox"/> (399) Other Non-Vehicle Tort <input type="checkbox"/> (401) Condemnation <input type="checkbox"/> (501) Foreclosure <input type="checkbox"/> (511) Agreement of Sale Foreclosure <input type="checkbox"/> (503) Agency Appeal <input type="checkbox"/> (504) Declaratory Judgment <input type="checkbox"/> (599) Other Civil Action		
	III. ORIGIN		
	<input type="checkbox"/> A. Original Proceeding <input type="checkbox"/> B. Transfer from District Court <input type="checkbox"/> C. Transfer from another Circuit		
	IV. DEMAND		
	\$ _____		
V. JURY DEMAND	VI. CLASS ACTION	VII. REQUEST TO EXEMPT FROM ARBITRATION	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
VIII. RELATED CASE(S)			
JUDGE _____			
DOCKET _____			
RESERVED FOR COURT USE	IX. SIGNATURE OF ATTORNEY OF RECORD		
CIV NO _____	_____		



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 CIVIL INFORMATION SHEET

The civil 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 is required by the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil information sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a civil complaint is to complete the form as follows:

I. PLAINTIFFS-DEFENDANTS

List names: last, first, middle initial.

If the plaintiff or defendant is a government agency, use only the full name.

If the plaintiff or defendant is an official within a government agency, first identify the agency and then the official's name and title.

If there are several plaintiffs-defendants, list them on an attachment noting in this section, "(see attachment)".

1(a). ATTORNEYS

List the attorney's name and license number.

If there are several attorneys, list them on an attachment noting in this section, "(see attachment)".

II. NATURE OF SUIT

Place an "X" in the appropriate box.

If the cause fits more than one nature of suit, select the most definitive.

III. ORIGIN

A. Original Proceedings: cases originating in the circuit district.

B. Transfer from District Court: cases transferred from district court under Hawai'i Rev. Stat. §604-5, 633-31 (1985).

C. Transfer from another Circuit: cases transferred from another circuit under Hawai'i Rev. Stat §603-37-37.5 (1985).

IV. DEMAND

Indicate the remedy being demanded such as a monetary sum or preliminary injunction.

V. JURY DEMAND

Indicate whether or not a jury is being demanded.

VI. CLASS ACTION

Indicate whether or not a class action is being filed.

VII. REQUEST TO EXEMPT FROM ARBITRATION

Indicate whether or not the form, "Request to Exempt from Arbitration" is being filed.

VIII. RELATED CASES

List the docket number(s) and the corresponding judge for related pending cases.

IX. DATE AND ATTORNEY SIGNATURE

Date and sign the civil information sheet.