

FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

I. CASE STYLE

Name of Court _____

Plaintiff _____ Case No. _____

Judge _____

vs.

Defendant _____

II. AMOUNT OF CLAIM

Please indicate the estimated amount of the claim, rounded to the nearest dollar. The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.

- ☐ \$8,000 or less
- ☐ \$8,001 - \$30,000
- ☐ \$30,001 - \$50,000
- ☐ \$50,001 - \$75,000
- ☐ \$75,001 - \$100,000
- ☐ over \$100,000

III. 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 on both the main category and subcategory lines.

Circuit Civil:

- ☐ Condominium
- ☐ Contracts and indebtedness
- ☐ Eminent domain
- ☐ Auto negligence

- ☐ Negligence – Other
 - ☐ Business governance
 - ☐ Business torts
 - ☐ Environmental/Toxic tort
 - ☐ Third party indemnification
 - ☐ Construction defect
 - ☐ Mass tort
 - ☐ Negligent security
 - ☐ Nursing home negligence
 - ☐ Premises liability – commercial
 - ☐ Premises liability – residential
- ☐ Products liability
- ☐ Real property/Mortgage foreclosure
 - ☐ Commercial foreclosure
 - ☐ Homestead residential foreclosure
 - ☐ Non-homestead residential foreclosure
 - ☐ Other real property actions
- ☐ Professional malpractice
 - ☐ Malpractice – business
 - ☐ Malpractice – medical
 - ☐ Malpractice – other professional
- ☐ Other
 - ☐ Antitrust/Trade regulation
 - ☐ Business transactions
 - ☐ Constitutional challenge – statute or ordinance
 - ☐ Constitutional challenge – proposed amendment
 - ☐ Corporate trusts
 - ☐ Discrimination – employment or other
 - ☐ Insurance claims
 - ☐ Intellectual property
 - ☐ Libel/Slander
 - ☐ Shareholder derivative action
 - ☐ Securities litigation
 - ☐ Trade secrets
 - ☐ Trust litigation

County Civil:

- ☐ Civil
- ☐ Real property/Mortgage foreclosure
- ☐ Replevins
- ☐ Evictions
 - ☐ Residential evictions
 - ☐ Non-residential evictions
- ☐ Other civil (non-monetary)

IV. REMEDIES SOUGHT (check all that apply):

- ☐ Monetary;
☐ Non-monetary declaratory or injunctive relief;
☐ Punitive

V. NUMBER OF CAUSES OF ACTION: _____

Specify: _____

VI. IS THIS CASE A CLASS ACTION LAWSUIT?

☐ Yes ☐ No

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

☐ No ☐ Yes (If “yes,” list all related cases by name, case number, and court.)

VIII. IS JURY TRIAL DEMANDED IN COMPLAINT?

☐ Yes ☐ No

IX. DOES THIS CASE INVOLVE ALLEGATIONS OF SEXUAL ABUSE?

☐ Yes ☐ No

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of General Practice and Judicial Administration 2.425.

Signature of attorney or party

Fla. Bar # (if Attorney)

Type or print name

Date