

# 16th JUDICIAL CIRCUIT NEW CASE INFORMATION SHEET

Case No. \_\_\_\_\_

Plaintiff/Petitioner	Defendant/Respondent	File Stamp

**All Parties must be listed on new case filing sheet, or on an attached sheet following the same format as below. (PLEASE TYPE OR PRINT)**

1. Case Type \_\_\_\_\_ 2. Description: \_\_\_\_\_  
 3. Claim Amount \_\_\_\_\_ 4. Jury \_\_\_\_\_  
(yes/no)  
 5. Return date/time (where return date summons is used): \_\_\_\_\_  
 6. Plaintiff Attorney's ARDC number: \_\_\_\_\_  
 Attorney's Name: \_\_\_\_\_  
(Last, First, MI)

**7. First named Plaintiff:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

8. Additional Plaintiff/AKA/DBA/FKA/NKA/Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

9. Additional Plaintiff/AKA/DBA/FKA/NKA/Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**10. First named Defendant:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

11. Additional Defendant/AKA/DBA/FKA/NKA/Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

12. Additional Defendant/AKA/DBA/FKA/NKA/Other: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_