

FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form shall be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions for completion.)

I. CASE STYLE

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR ST. JOHNS COUNTY, FLORIDA

Plaintiff
vs.

Case #: _____
Judge: _____

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.

- | | |
|--|---|
| <input type="checkbox"/> \$8,000 or less | <input type="checkbox"/> \$50,001 - \$75,000 |
| <input type="checkbox"/> \$8,000 - \$30,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$30,001 - \$50,000 | <input type="checkbox"/> over \$100,001 |

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 in both the main category and subcategory boxes.

CIRCUIT CIVIL

- | | |
|--|--|
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Professional malpractice |
| <input type="checkbox"/> Contracts and indebtedness | <input type="checkbox"/> Malpractice—business |
| <input type="checkbox"/> Eminent domain | <input type="checkbox"/> Malpractice—medical |
| <input type="checkbox"/> Auto negligence | <input type="checkbox"/> Malpractice—other professional |
| <input type="checkbox"/> Negligence—other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Business governance | <input type="checkbox"/> Antitrust/Trade Regulation |
| <input type="checkbox"/> Business torts | <input type="checkbox"/> Business Transaction |
| <input type="checkbox"/> Environmental/Toxic tort | <input type="checkbox"/> Circuit Civil – Not Applicable |
| <input type="checkbox"/> Third party indemnification | <input type="checkbox"/> Constitutional challenge—statute or ordinance |
| <input type="checkbox"/> Construction defect | <input type="checkbox"/> Constitutional challenge—proposed amendment |
| <input type="checkbox"/> Mass tort | <input type="checkbox"/> Corporate Trusts |
| <input type="checkbox"/> Negligent security | <input type="checkbox"/> Discrimination-employment or other |
| <input type="checkbox"/> Nursing home negligence | <input type="checkbox"/> Insurance claims |
| <input type="checkbox"/> Premises liability—commercial | <input type="checkbox"/> Intellectual property |
| <input type="checkbox"/> Premises liability—residential | <input type="checkbox"/> Libel/Slander |
| <input type="checkbox"/> Products liability | <input type="checkbox"/> Shareholder derivative action |
| <input type="checkbox"/> Real property/Mortgage foreclosure | <input type="checkbox"/> Securities litigation |
| <input type="checkbox"/> Commercial foreclosure | <input type="checkbox"/> Trade secrets |
| <input type="checkbox"/> Homestead residential foreclosure | <input type="checkbox"/> Trust litigation |
| <input type="checkbox"/> Non-homestead residential foreclosure | |
| <input type="checkbox"/> Other real property actions | |

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

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 Judicial Administration 2.425.

Signature _____
Attorney or party

Fla. Bar # _____
(Bar # if attorney)

(type or print name)

Date