

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: _____

Plaintiff

vs

Defendant

Date Case Filed: _____

**Civil Cover Sheet
(Non-Family Case Type)**
Minn. R. Gen. Prac. 104

This civil cover sheet must be filed by the initial filing lawyer or party, if unrepresented by legal counsel, unless the court orders all parties or their legal counsel to complete this form. Once the initial civil cover sheet is filed, opposing lawyers or unrepresented parties who have not already been ordered to complete this form may submit their own cover sheet within ten days after being served with the initial cover sheet. See Rule 104 of the General Rules of Practice for the District Courts.

If information is not known to the filing party at the time of filing, it shall be provided to the Court Administrator in writing by the filing party within seven (7) days of learning the information. Any party impleading additional parties shall provide the same information to the Court Administrator. The Court Administrator shall, upon receipt of the completed certificate, notify all parties or their lawyers, if represented by counsel, of the date of filing the action and the file number assigned.

ATTORNEY FOR PLAINTIFF

ATTORNEY FOR DEFENDANT

Attorney Name

Attorney Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

() _____
Telephone Number

() _____
Telephone Number

E-mail address

E-mail address

Minnesota Attorney License No.

Minnesota Attorney License No.

PLAINTIFF, Self-represented

DEFENDANT, Self-represented

Name

Name

Postal Address

Postal Address

City State Zip Code

City State Zip Code

()
Telephone Number

()
Telephone Number

E-mail address

E-mail address

(Attach addition sheet for additional attorneys / parties)

Note: If either Plaintiff or Defendant gets an attorney, the attorney's name, address, telephone number and attorney ID number must be given in writing to the Court Administrator immediately.

1. Provide a concise statement of the case including facts and legal basis:

2. Date Complaint was served: _____

3. For Expedited Litigation Track (ELT) Pilot Courts only:

a. the parties jointly and voluntarily agree that this case shall be governed by the

Special Rules for ELT Pilot. Date of agreement: _____

b. The court is requested to consider excluding this case from ELT for the following reasons: _____

Note: ELT is mandatory in certain cases, and where mandatory, exclusion may also be sought by timely motion under the Special Rules for ELT Pilot.

c. Anticipated number of trial witnesses: _____

d. Amount of medical expenses to date: _____

e. Amount of lost wages to date: _____

f. Identify any known subrogation interests: _____

4. Estimated discovery completion within _____ months from the date of this form.

5. Disclosure / discovery of electronically stored information discussed with other party?

No Yes, date of discussion: _____

If Yes, list agreements, plans, and disputes: _____

6. Proposed trial start date: _____

7. Estimated trial time: _____ days _____ hours (estimates less than a day must be stated in hours).

8. Jury trial is:

waived by consent of _____ pursuant to Minn. R. Civ. P. 38.02.
(specify party)

requested by _____ (NOTE: Applicable fee must be enclosed)
(specify party)

9. Physical/mental/blood examination pursuant to Minn. R. Civ. P. 35 is requested:

Yes No

10. Identify any party or witness who will require interpreter services, and describe the services needed (specifying language, and if known, particular dialect): _____

11. Issues in dispute: _____

12. Case Type / Category: _____ (NOTE: select case type from Form 23, Subject Matter Index for Civil Cases, appended to the Minnesota Rules of Civil Procedure).

13. Recommended Alternative Dispute Resolution (ADR) mechanism: _____
(See list of ADR processes set forth in Minn. Gen. R. Prac. 114.02(a))

Recommended ADR provider (known as a “neutral”): _____

Recommended ADR completion date: _____

If applicable, reasons why ADR not appropriate for this case: _____

By signing below, the attorney or party submitting this form certifies that the above information is true and correct.

Submitted by: _____

Attorney License: _____

Firm: _____

Address: _____

Telephone: _____

Date: _____