

State of Minnesota

District Court

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

Plaintiff (first, middle, last)

vs.

Defendant (first, middle, last)

Date Case Filed: _____

**Civil Cover Sheet
(Non-Family Case Type)**

Minn. Gen. R. 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 7 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 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 (not firm name)

Attorney Name (not firm 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 ID Number

Minnesota Attorney ID Number

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 additional sheets 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 (ETLT) Pilot Courts only:

a. The parties jointly and voluntarily agree that this case shall be governed by the Special Rules of ETLT Pilot. Date of agreement: _____

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

Note: ETLT is mandatory in certain cases, and where mandatory, exclusion may also be sought by timely motion under the Special Rules for ETLT 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. For Complex Cases (See Minn. Gen. R. Prac. 146):

- a. Is this case a "complex case" as defined in Rule 146? Yes No
- b. State briefly the reasons for complex case treatment for this case:

- c. Have the parties filed a "CCP Election" for this case as provided in Rule 146(d)?
 Yes No

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

6. Disclosure/discovery of electronically stored information discussed with other party?
 No Yes Date of discussion: _____

If yes, list agreements, plans and disputes:

7. Proposed trial start date: _____

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

9. 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)

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

- Yes No

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

12. Issues in dispute:

13. Case Type/Category: _____ (NOTE: select case types from the Civil Case Type Index found at http://www.mncourts.gov/mncourtsgov/media/scao_library/documents/eFile%20Support/Handout-Case-Type-Index.pdf.)

14. 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:

Signature

Name: _____

Attorney Reg. #: _____

Firm/Agency Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____

Date: _____