

Small Claims and Conciliation Branch BULK FILING COVER SHEET

Name of Attorney/Law Firm: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

Requested Hearing Date: _____

Instructions:

- ✓ Please do not staple documents
- ✓ **ALL** documents **must** have a raised or shaded seal for scanning purposes per administrative order of the court.
- ✓ Documents will be rejected and returned if they are not completed or batched properly.
- ✓ Due to privacy requirements documents will be rejected that contain personal identifiers (i.e. social security number, bank and/or credit card numbers, D.O.B. and full names of minor children) pursuant to **Super. Ct. R.P. 5(f)**.
- ✓ If the statute of limitation is imminent on any case, please inform the clerk.

Type of Filing:

(Check One Box Only – a separate cover sheet **must** be completed for each type of filing)

<u>Document Type</u>	<u>Quantity</u>
<input type="checkbox"/> Affidavits	_____
<input type="checkbox"/> Certified Copy	_____
<input type="checkbox"/> Foreign Judgment	_____
<input type="checkbox"/> Motions	_____
<input type="checkbox"/> Praecipe	_____
<input type="checkbox"/> Reissue	_____
<input type="checkbox"/> Reset	_____
<input type="checkbox"/> Statement of Claim	_____

REQUIRED WHEN FILING STATEMENT OF CLAIM: Check the type of claim being filed

- Collection Contracts Property Torts Personal Tort
 Foreign Judgment Insurance/Subrogation Uniform Arbitrary Act
 Medical Malpractice-Has notice been given of intention to file your lawsuit 90 days prior to filing? Yes No

<input type="checkbox"/> Subpoena for Oral Exam	_____
<input type="checkbox"/> Transcript	_____
<input type="checkbox"/> Triple Seal	_____
<input type="checkbox"/> Writ	_____
<input type="checkbox"/> Other _____	_____

Comments _____