IN THE DISTRICT COURT OF COMANCHE NATION TRIBAL COURT

CIVIL COVER SHEET

TYPE OF CASE (MUST CHECK ONE) & ALL INFORMATION REQUIRED

CV – CIVIL GENERAL	**FD – DOMESTIC**	**NC – NAME CHANGE**
____ Civil (Over $10,000)	____ Custody/Paternity w/child support	____ Name Change-Adult
____ Civil ($10,000 or Less)	____ Divorce	____ Name Change-Minor
____ Replevin (Over $5,000)	____ Paternity (no support or custody)	**PG – GUARDIANSHIP**
____ Misc. Civil (Non-Monetary)	**MI -- MISCELLANEOUS**	____ Conservatorship/Adult
	____ Foreign Judgment	____ Guardianship of Minor
CS – SMALL CLAIMS	_____ Emancipation	**____ PA – ADOPTION**
____ Replevin ($5,000 or Less)	_____ Condemnation	**____ ML – MARRIAGE LICENSE**
____ Forcible Entry & Detainer	**PO – PROTECTIVE ORDER**	**____ PB – PROBATE**
____ Abandoned Property	____ Protective Order Petition	**____ WILL Filing**
	____ Emergency (Ex Parte) PO	**____ TP – TRIBAL PETITION**

PRINCIPAL CAUSE OF ACTION: _____ AMOUNT ENCLOSED:$_____

__Defendant's Initial Pleading-Entry of Appearance/Answer/ 3rd Party Petition Existing Case No._____

(MUST FILL OUT FOLLOWING INFORMATION)

ATTORNEY INFORMATION:

Party Representing:_____
Name:_____Firm:_____
Mailing Address:_____City:_____State:____Zip Code:_____
Phone Number:_____Fax Number: _____
Bar #_____E-Mail Address_____

PLAINTIFF INFORMATION

NAME: _____ Gender: ___ Female ___ Male
LAST FIRST MIDDLE
Native American: _____ Yes _____ No; TRIBE: _____ CDIB#: _____

ADDRESS: _____ _____
MAILING ADDRESS PHYSICAL ADDRESS

CITY: _____ STATE:_____ ZIP:_____

DATE OF BIRTH:_____/_____/_____ SOCIAL SECURITY NO./EIN_____
D.L. NO. _____/State _____ PHONE NO. _____
CELL PHONE NO. _____ E-MAIL ADDRESS_____

DEFENDANT INFORMATION

NAME: _____ Gender: ___ Female ___ Male
LAST FIRST MIDDLE
Native American: _____ Yes _____ No; TRIBE: _____ CDIB#: _____

ADDRESS: _____ _____
MAILING ADDRESS PHYSICAL ADDRESS

CITY: _____ STATE:_____ ZIP:_____

DATE OF BIRTH:_____/_____/_____ SOCIAL SECURITY NO./EIN_____
D.L. NO. _____/State _____ PHONE NO. _____
CELL PHONE NO. _____ E-MAIL ADDRESS_____

SUMMONS INFORMATION

NUMBER OF SUMMONS TO BE ISSUED: _____

PETITION & SUMMONS TO BE SERVED BY:
____ ISSUED TO ATTORNEY ____ ISSUED TO FILING PARTY ____ SERVICE BY PUBLICATION

____ COURT CLERK (Request for Service must be filed): _____ CNPD #_____ _____ CERTIFIED MAIL/RESTRICTED #_____