## 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

arty Representing:   ame:	PRINCIPAL CAUSE OF ACTION:	AMOUNT I	AMOUNT ENCLOSED:\$	
ATTORNEY INFORMATION:  arry Representing:	Defendant's Initial Pleading-Entry of Appearance	/Answer/ 3 <sup>rd</sup> Party Petition	Existing Case No	
Sarty   Representing:	(MUST FILL O	OUT FOLLOWING INFORMATIO	N)	
hone Number:	ATTORNEY INFORMATION:			
hone Number:	Party Representing:			
hone Number:	Name: I	Firm:	7in Codo	
E-Mail Address    Cander:   Female   Male	Phone Number:	ax Number:	_Zip Code	
PLAINTIFF INFORMATION  IAME:  LAST FIRST MIDDLE  IAUTURE American: Yes No; TRIBE: CDIB#:  DDDRESS:  MAILING ADDRESS  MAILING ADDRESS  MAILING ADDRESS  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DEFENDANT INFORMATION  IAME: Gender: Female Male  Male  LAST FIRST MIDDLE  CDIB#:  DDDRESS: PHYSICAL ADDRESS  DEFENDANT INFORMATION  IAME: CDIB#:  DDDRESS: PHYSICAL ADDRESS  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DEFENDANT INFORMATION  IAME: STATE: ZIP: SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN PHONE NO. E-MAIL ADDRESS  DATE OF SUMMONS TO BE ISSUED: SETTITION & SUMMONS TO BE SERVED BY:	Bar #	E-Mail Address		
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STATE:				
STATE:	ADDRESS:	NIVCICAL AD	DDEGG	
SOCIAL SECURITY NO./EIN				
DEFENDANT INFORMATION  JAME: Gender: Female Male  LAST FIRST MIDDLE  JATE ADDRESS: PHYSICAL ADDRESS  MAILING ADDRESS  STATE: ZIP:  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN  D.L. NO. State PHONE NO.  E-MAIL ADDRESS  PHYSICAL ADDRESS  DELL PHONE NO.  E-MAIL ADDRESS  PHYSICAL ADDRESS  PHONE NO.  E-MAIL ADDRESS  DITY: SOCIAL SECURITY NO./EIN  PHONE NO.  E-MAIL ADDRESS  DIMMONS INFORMATION  JUMBER OF SUMMONS TO BE ISSUED: SETITION & SUMMONS TO BE SERVED BY:				
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ELL PHONE NO. E-MAIL ADDRESS  DEFENDANT INFORMATION  JAME: Gender: Female Male  LAST FIRST MIDDLE  JATE ADDRESS: PHYSICAL ADDRESS  CITY: STATE: ZIP:  DATE OF BIRTH: / / SOCIAL SECURITY NO./EIN  DATE OF BIRTH: PHONE NO. E-MAIL ADDRESS  UMMONS INFORMATION  JUMBER OF SUMMONS TO BE ISSUED: SETITION & SUMMONS TO BE SERVED BY:	D.L. NO/State	PHONE NO		_
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Native American:YesNo; TRIBE:CDIB#:  ADDRESS:	NAME:  LAST FIRST	MIDDLE	Gender: Fe	male Male
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	NUMBER OF SUMMONS TO BE ISSUED:			
<del></del>	PETITION & SUMMONS TO BE SERVED BY: ISSUED TO ATTORNEY ISSUED TO	ГО FILING PARTY SERV	VICE BY PUBLICATION	)N
COURT CLERK (Request for Service must be filed): CNPD# CERTIFIED MAIL/RESTRICTED#				