

APPENDIX 9.6

LOUISIANA CIVIL CASE REPORTING

Civil Case Cover Sheet - LA. R.S. 13:4688, Part G, §13 of the Louisiana Supreme Court General Administrative Rules, and Appendix 9.6 of the Louisiana District Court Rules

This civil case cover sheet shall be completed by counsel for the petitioner, counsel's authorized representative, or by the self-represented litigant (if not represented by counsel) and submitted with the original petition filed with the court. The information should be the best available at the time of filing. This information does not constitute a discovery request, response or supplementation, and is not admissible at trial.

Suit Caption:

vs.

Court: _____ Docket Number: _____

Parish of Filing: _____ Filing Date: _____

Name of Lead Petitioner's Attorney: _____

Name of Self-Represented Litigant: _____

Number of named petitioners: _____ Number of named defendants: _____

Type of Lawsuit: Please check the categories which most appropriately apply to this suit (no more than 3 categories should be checked):

- Auto: Personal Injury
- Auto: Wrongful Death
- Asbestos: Property Damage
- Product Liability
- Intentional Bodily Injury
- Intentional Wrongful Death
- Business Tort
- Defamation
- Environmental Tort
- Intellectual Property
- Legal Malpractice
- Other Professional Malpractice
- Maritime
- Wrongful Death
- General Negligence
- Auto: Property Damage
- Auto: Uninsured Motorist
- Asbestos: Personal Injury/Death
- Premise Liability
- Intentional Property Damage
- Unfair Business Practice
- Fraud
- Professional Negligence
- Medical Malpractice
- Toxic Tort
- Other Tort (describe below)
- Redhibition
- Class action (nature of case)

Please briefly describe the nature of the litigation in one sentence of additional detail:

Following the completion of this form by counsel, counsel's representative, or by the self-represented litigant, this document will be submitted to the Office of the Judicial Administrator, Supreme Court of Louisiana, by the Clerk of Court.

Name, address and contact information of person completing form:

Name _____ Signature _____

Address _____

Phone number: _____ E-mail address: _____