

CIVIL INFORMATION SHEET

The civil information sheet neither replaces nor supplements any filing or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case will not be accepted without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

NATURE OF SUIT (Click or mark in one circle only - If the case involves more than one of the following categories, indicate the category having the highest dollar value)

CIVIL If a CH. 61: \$ (Judgment Demand Amount)
TORT Asbestos Product Liability, Automobile Tort, Intentional Tort, Legal Malpractice, Medical Malpractice, Other Professional Malpractice, Premises Liability, Slander/Libel/Defamation, Tobacco Product Liability, Toxic/Other Product Liability, Other Tort
CONTRACT Buyer Plaintiff, Employment Dispute - Discrimination, Employment Dispute - Other, Fraud, Landlord/Tenant - Unlawful Detainer, Landlord/Tenant Dispute - Other, Seller Plaintiff (debt collection), Other Contract
REAL PROPERTY Eminent Domain, Mortgage Foreclosure, Other Real Property
STATE TAX WARRANT
MISCELLANEOUS 60-1507, Habeas Corpus, Other Writs
OTHER CIVIL
SMALL CLAIMS

DOMESTIC
MARRIAGE DISSOLUTION/DIVORCE PROTECTION FROM ABUSE PROTECTION FROM STALKING UIFSA
OTHER DOMESTIC RELATIONS NON-DIVORCE SUPPORT, CUSTODY OR VISITATION PATERNITY

PROBATE/ESTATE
GUARDIAN /CONSERVATOR Conservatorship/Trusteeship, Guardianship - Adult, Guardianship - Minor, Guardian/Conservator - Adult, Guardian/Conservator - Minor
DETERMINATION OF DESCENT
SEXUALLY VIOLENT PREDATOR
DECEDENT ESTATE
ELDER ABUSE
OTHER PROBATE / ESTATE
CARE AND TREATMENT
ADOPTION

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE County SHERIFF OUT OF STATE State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Daniel Doe
ADDRESS: c/o Stinson LLP, 1201 Walnut St., Suite 2900, Kansas City, MO 64106
PHONE: SEX:
SSN: DOB:
DL OR STATE ID NO: State and Number
ALIAS NAMES USED:

DEFENDANT / OTHER PARTY INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: State of Kansas, ex rel Kris Kobach
ADDRESS: 120 SW 10th Ave, Topeka, KS 66612
PHONE: SEX:
SSN: DOB:
DL OR STATE ID NO: State and Number
ALIAS NAMES USED:

ATTORNEYS (Firm Name, Address, Telephone Number and Supreme Court ID Number)

Stinson LLP
Douglas R. Dalglish, 22328
1201 Walnut St, Suite 2900, Kansas City, MO 64106
(816) 961-3122

ATTORNEYS (if known) (Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD: (Name) (Date of Birth) (Social Security Number)

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL CIVIL PARTY INFORMATION

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Matthew Moe
ADDRESS: c/o Stinson LLP
1201 Walnut St., Suite 2900, Kansas City, MO 64106
PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number
ALIAS NAMES USED: _____

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Douglas R. Dalglish, 22328
1201 Walnut St, Suite 2900
Kansas City, MO 64106, (816) 961-3122

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Kansas Department of Revenue
ADDRESS: 120 SW 10th Ave., Topeka, KS 66612
PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number
ALIAS NAMES USED: _____

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PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Kansas Division of Vehicles
ADDRESS: 120 SW 10th Ave, Topeka, KS 66612
PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number
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PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
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NAME: Deann Williams, Director of Vehicles, Dept of Rev.
ADDRESS: 120 SW 10th St., Topeka, KS 66612
PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number
ALIAS NAMES USED: _____

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(Name) (Date of Birth) (Social Security Number)

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PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Mark Burghart, Secretary of Kansas Dept of Revenue
ADDRESS: 120 SW 10th Ave, Topeka, KS 66612

PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

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(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: Kansas Department of Administrations
ADDRESS: 120 SW 10th Ave., Topeka, KS 66612

PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

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PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
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NAME: Adam Proffit, Secretary of Department of Admin
ADDRESS: 120 SW 10th Ave., Topeka, KS 66612

PHONE: _____ SEX: _____
SSN: _____ DOB: _____
DL OR STATE ID NO: _____
State and Number

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