

**COUNTY OF WINNEBAGO  
NEW CASE INFORMATION SHEET**

**CASE NO.** \_\_\_\_\_

Sub-Case Type:

- (L)     (AR)     (LM)     (SC)     (TX)     (ED)     (MR)     (CH)     (MC)     (AD)
- (F)     (D)     With Children     W/O Children     (P)     Guardianship     Decedents Estate

**Case Type:** \_\_\_\_\_ **Total Maximum Claim Amount \$** \_\_\_\_\_

- Jury Demand:                     Six                     Twelve
- Summons Issued:               SH-W               PPS               None               Other

**Type or Print the following information.** *Please list **ALL** parties using an additional sheet if necessary.*

**1<sup>st</sup> Plaintiff:** \_\_\_\_\_

**1<sup>st</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

**2<sup>nd</sup> Plaintiff:** \_\_\_\_\_

**2<sup>nd</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 **Attorney(s) for the Plaintiff(s)** or  **Pro Se:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Attorney ARDC No. \_\_\_\_\_ Email Address \_\_\_\_\_

Frim Name \_\_\_\_\_

**COUNTY OF WINNEBAGO**  
**NEW CASE INFORMATION SHEET**  
**Continued**

**CASE NO.** \_\_\_\_\_

**Case Type:** \_\_\_\_\_ **Total Maximum Claim Amount \$** \_\_\_\_\_

**3<sup>rd</sup> Plaintiff:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**3<sup>rd</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**4<sup>th</sup> Plaintiff:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**4<sup>th</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**5<sup>th</sup> Plaintiff:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**5<sup>th</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**6<sup>th</sup> Plaintiff:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**6<sup>th</sup> Defendant:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Tele.# \_\_\_\_\_

Date of Birth \_\_\_\_\_