FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

| I. | CASE STYLE | | | |
|------|--|---------|--|--|
| | Name of Court | | | |
| | Plaintiff | Case No | | |
| | | Judge | | |
| | VS. | | | |
| | Devendant | | | |
| II. | AMOUNT OF CLAIM | | | |
| | Please indicate the estimated amount of the claim, rounded to the nearest dollar. The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose. | | | |
| | \$8,000 or less \$8,001 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000 | | | |
| | over \$100,000 | | | |
| III. | TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x on both the main category and subcategory lines. | | | |
| | Circuit Civil: | | | |
| | CondominiumContracts and indebtednessEminent domain | | | |
| | Auto negligence | | | |



| | Negligence – Other | | |
|--------------------------|--------------------|---|--|
| | | Business governance | |
| | | Business torts | |
| | | Environmental/Toxic tort | |
| | | Third party indemnification | |
| | | Construction defect | |
| | | Mass tort | |
| | | Negligent security | |
| | | Nursing home negligence | |
| | | Premises liability – commercial | |
| | | Premises liability – residential | |
| | Prod | lucts liability | |
| = | | property/Mortgage foreclosure | |
| | | Commercial foreclosure | |
| | | Homestead residential foreclosure | |
| | | Non-homestead residential foreclosure | |
| | \Box | Other real property actions | |
| Professional malpractice | | · | |
| | | Malpractice – business | |
| | \Box | Malpractice – medical | |
| | \Box | Malpractice – other professional | |
| | Othe | - | |
| | | Antitrust/Trade regulation | |
| | \Box | Business transactions | |
| | \Box | Constitutional challenge – statute or ordinance | |
| | | Constitutional challenge – proposed amendment | |
| | \Box | Corporate trusts | |
| | \Box | Discrimination – employment or other | |
| | \Box | Insurance claims | |
| | \Box | Intellectual property | |
| | | Libel/Slander | |
| | | Shareholder derivative action | |
| | | Securities litigation | |
| | | Trade secrets | |
| | | Trust litigation | |
| | | _ | |
| Cou | nty C | Civil: | |
| | Civi | | |
| | Real | property/Mortgage foreclosure | |
| | Replevins | | |
| | Evictions | | |
| | | Residential evictions | |
| | | Non-residential evictions | |
| П | Othe | er civil (non-monetary) | |



| IV. | REMEDIES SOUGHT (check all that apply): | | |
|--------------------|--|---|--|
| | Monetary; | | |
| | Non-monetary declaratory or in | ijunctive relief; | |
| | Punitive | | |
| V. | NUMBER OF CAUSES OF ACTION | ON: | |
| | Specify: | | |
| | Specify. | | |
| | | | |
| VI. | IS THIS CASE A CLASS ACTION LAWSUIT? | | |
| | Yes No | | |
| | | | |
| VII. | HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED? | | |
| | ☐ No ☐ Yes (If "yes," list all related cases by name, case number, and court.) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| VIII. | IS JURY TRIAL DEMANDED IN COMPLAINT? | | |
| | ☐ Yes ☐ No | | |
| | Yes No | | |
| I CER | TIFY that the information I have prov | ided in this cover sheet is accurate to the best of my | |
| knowl | edge and belief, and that I have read a | nd will comply with the requirements of Florida Rule of | |
| Judici | al Administration 2.425. | | |
| | | | |
| Signat | ure of attorney or party | Fla. Bar # (if Attorney) | |
| <i>U</i> | J 1 J | | |
| | | | |
| Type or print name | | Date | |

