CIVIL ACTION FORM

This form may be duplicated as necessary

Name _____
First Middle Last

Title of action _____

Name of court _____

City _____ State _____ Zip _____

Plaintiff's Name _____

Address _____

City _____ State _____ Zip _____

Defendant's Name _____

Address _____

City _____ State _____ Zip _____

Trial date _____ Date of final disposition _____

Disposition _____

_____

_____

If the disposition resulted in a judgment, has the judgment been satisfied? ☐ Yes ☐ No

If yes, give the date the judgment was satisfied _____

If no, what amount is still owed? _____

Brief explanation of suit _____

_____

_____

_____