

IN THE DISTRICT COURT OF COMANCHE NATION TRIBAL COURT
CIVIL COVER SHEET

TYPE OF CASE (MUST CHECK ONE) & ALL INFORMATION REQUIRED

CV – CIVIL GENERAL	FD – DOMESTIC	NC – NAME CHANGE
___ Civil (Over \$10,000)	___ Custody/Paternity w/child support	___ Name Change-Adult
___ Civil (\$10,000 or Less)	___ Divorce	___ Name Change-Minor
___ Replevin (Over \$5,000)	___ Paternity (no support or custody)	PG – GUARDIANSHIP
___ Misc. Civil (Non-Monetary)	MI -- MISCELLANEOUS	___ Conservatorship/Adult
	___ Foreign Judgment	___ Guardianship of Minor
CS – SMALL CLAIMS	___ Emancipation	___ PA – ADOPTION
___ Replevin (\$5,000 or Less)	___ Condemnation	___ ML – MARRIAGE LICENSE
___ Forcible Entry & Detainer	PO – PROTECTIVE ORDER	___ PB – PROBATE
___ Abandoned Property	___ Protective Order Petition	___ WILL Filing
	___ Emergency (Ex Parte) PO	___ TP – TRIBAL PETITION

PRINCIPAL CAUSE OF ACTION: _____ **AMOUNT ENCLOSED:\$** _____

___ **Defendant's Initial Pleading-Entry of Appearance/Answer/ 3rd Party Petition** Existing Case No. _____

(MUST FILL OUT FOLLOWING INFORMATION)

ATTORNEY INFORMATION:

Party Representing: _____
 Name: _____ Firm: _____
 Mailing Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Fax Number: _____
 Bar # _____ E-Mail Address _____

PLAINTIFF INFORMATION

NAME: _____ Gender: ___ Female ___ Male
LAST FIRST MIDDLE
 Native American: ___ Yes ___ No; TRIBE: _____ CDIB#: _____
 ADDRESS: _____
MAILING ADDRESS PHYSICAL ADDRESS
 CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NO./EIN _____
 D.L. NO. _____/State _____ PHONE NO. _____
 CELL PHONE NO. _____ E-MAIL ADDRESS _____

DEFENDANT INFORMATION

NAME: _____ Gender: ___ Female ___ Male
LAST FIRST MIDDLE
 Native American: ___ Yes ___ No; TRIBE: _____ CDIB#: _____
 ADDRESS: _____
MAILING ADDRESS PHYSICAL ADDRESS
 CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: ____/____/____ SOCIAL SECURITY NO./EIN _____
 D.L. NO. _____/State _____ PHONE NO. _____
 CELL PHONE NO. _____ E-MAIL ADDRESS _____

SUMMONS INFORMATION

NUMBER OF SUMMONS TO BE ISSUED: _____

PETITION & SUMMONS TO BE SERVED BY:

___ ISSUED TO ATTORNEY ___ ISSUED TO FILING PARTY ___ SERVICE BY PUBLICATION

___ COURT CLERK (Request for Service must be filed): _____ CNPD # _____ CERTIFIED MAIL/RESTRICTED # _____