

**CIVIL CASE INFORMATION STATEMENT  
CIVIL CASES**

In the Circuit Court, \_\_\_\_\_ County, West Virginia

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**I. CASE STYLE:**

Plaintiff(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case # \_\_\_\_\_

Judge \_\_\_\_\_

vs.

Defendant(s)

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City, State, Zip

Days to

Answer

Type of Service

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original and \_\_\_\_\_ copies of complaint furnished herewith.

PLAINTIFF: DEFENDANT:	CASE NUMBER:
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II. TYPE OF CASE:

TORTS	OTHER	CIVIL
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Adoption	<input type="checkbox"/> Appeal from Magistrate Court
<input type="checkbox"/> Professional Malpractice	<input type="checkbox"/> Contract	<input type="checkbox"/> Petition for Modification of Magistrate Sentence
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Real Property	<input type="checkbox"/> Miscellaneous Civil
<input type="checkbox"/> Product Liability	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other
<input type="checkbox"/> Other Tort	<input type="checkbox"/> Appeal of Administrative Agency	

III. JURY DEMAND:  Yes  No

CASE WILL BE READY FOR TRIAL BY (MONTH/YEAR): \_\_\_\_\_/\_\_\_\_\_

IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS DUE TO A DISABILITY OR AGE?  YES  NO  
 IF YES, PLEASE SPECIFY:

- Wheelchair accessible hearing room and other facilities
- Interpreter or other auxiliary aid for the hearing impaired
- Reader or other auxiliary aid for the visually impaired
- Spokesperson or other auxiliary aid for the speech impaired
- Other: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Representing:

Plaintiff  Defendant

Cross-Complainant  Cross-Defendant

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Pro Se