## IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

CIVIL	CASE	INFO	RMA	TION	<b>STA</b>	TEME	ENT
(Civil	Cases	Other	than	Domes	stic R	elation	ns)

I. CASE STYLE:	Ca	se No.
Plaintiff(s)	Juo	lge:
	Plantiff's I	Phone:
vs. Defendant(s)	Days to Answer	Type of Service
Name	Defendant's F	Phone:
Street Address		
City, State, Zip Code		
	dinary Writ No CASE WILL BE READY I <b>YES, PLEASE SPECIFY:</b> Wheelchair accessible hearing ro Reader or other auxiliary aid for Interpreter or other auxiliary aid Spokesperson or other auxiliary a	bom and other facilites the visually impaired for the deaf and hard of hearing
		Representing:
Firm:   Address:	Cross-Defendant Cross-Complainant	
Telephone:		3rd-Party Plaintiff 3rd-Party Defendant
Proceeding Without an Attorne	у У	
Original and copies of comp	laint enclosed/attached.	
Dated: / /	Signature:	
SCA-C-100: Civil Case Information		

## **Plaintiff:**

\_\_\_\_

vs.

**Defendant:** 

## CIVIL CASE INFORMATION STATEMENT DEFENDANT(S) CONTINUATION PAGE

	Defendant's Phone:	
Defendant's Name		
Street Address	Days to Answer:	
	Type of Service:	
City, State, Zip Code		
<del></del>	Defendant's Phone:	
Defendant's Name		
Street Address	Days to Answer:	
	Type of Service:	
City, State, Zip Code		
Defendant's Name	Defendant's Phone:	
	Days to Answer:	
Street Address		
City, State, Zip Code	Type of Service:	
Defendant's Name	Defendant's Phone:	
	Days to Answer:	
Street Address	Turne of Services	
City, State, Zip Code		
	Defendant's Phone:	
Defendant's Name		
Street Address	Days to Answer:	
Sheet Address	Type of Service:	
City, State, Zip Code		
<b>N</b> A 1 4 M	Defendant's Phone:	
Defendant's Name		
Street Address	Days to Answer:	
City, State, Zip Code	Type of Service:	
Defendant's Name	Defendant's Phone:	
	Days to Answer:	
Street Address		
City, State, Zip Code	Type of Service:	