CHECK LIST
CASE INFORMATION FORMAT

Civil_____

Criminal_____

DISTRICT...

S.NO.	PLAINTIFF/PETITIONER/COMPLAINANT/APPELLANT/DECREE HOLDER ETC PLEASE FILL UP ALLTHE RELEVANT FIELDS &(*) FIELDS ARE MANDATORY			
1	Name of the Plaintiff/complainant/etc			
2	S/o W/o D/o			
3	Address			
4	Aadhar Card No.		Pin Code	
5	Gender	Male------Female------ Other--------	Nationality	
6	Date of Birth			
				Age_____
7	Mobile No.		E mail Id	
9	Act/Section			
10	Valuation of Suit		Court Fee Ascertained	
			Court Fee paid/Deposited	
11	Police Station			
12	F.I.R. NO. and Year			
S.NO.	DEFENDANT/ACCUSED/RESPONDENT JUDGEMENT DEBATER ETC PLEASE FILL UP ALLTHE RELEVANT FIELDS &(*) FIELDS ARE MANDATORY			
1	Name of the DEFENDANT/ACCUSEDt/etc			
2	S/o W/o D/o			
3	Address			
4	Aadhar Card No.		Pin Code	
5	Gender	Male------Female------ Other--------	Nationality	
6	Date of Birth			
7	Mobile No.			Age_____
			E mail Id	

S NO.	ADVOCATE FOR PLAINTIFF/ COMPLAINANT /PETITIONER /DECREE HOLDER ETC	
1	NAME OF THE ADVOCATER ENROLMENT NO.	
2	OFFICE/ CHAMBER NO.	
3	MOBILE NO.	E-mail:

SUBMITTED BY:-...

PLAINTIFF / PETITIONER / DEFENDANTY /ACCUSED /OTHER /ADVOCATE

EXTRA PARTY INFORMATION

1	Name Of The Extra Party					
2	S/o W/o D/o					
3	Address					
4	Aadhar Card No.			Pin Code:		
5	Gender	Male ☐ Female ☐ Other		Nationality	INDIAN	
					Other:	
6	Date of Birth	/ /		Age		
7	Mobile No.		e-mail:			

1	Name Of The Extra Party					
2	S/o W/o D/o					
3	Address					
4	Aadhar Card No.			Pin Code:		
5	Gender	Male ☐ Female ☐ Other		Nationality	INDIAN	
					Other:	
6	Date of Birth	/ /		Age		
7	Mobile No.		e-mail:			

1	Name Of The Extra Party					
2	S/o W/o D/o					
3	Address					
4	Aadhar Card No.			Pin Code:		
5	Gender	Male ☐ Female ☐ Other		Nationality	INDIAN	
					Other:	
6	Date of Birth	/ /		Age		
7	Mobile No.		e-mail:			

SUBMITTED BY :-..

PLAINTIFF / PETITIONER / DEFENDANT / ACCUSED / OTHER / ADVOCATE