**Form 1.997 Civil Cover Sheet**

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

1. CASE STYLE

<<COURT\_NAME>>

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| --- | --- |
| Plaintiff <<PROVIDER\_SUITNAME>>  a/a/o <<INJUREDPARTY\_NAME>>    vs.  Defendant <<INSURANCECOMPANY\_SUITNAME>> | Case No. <<INDEXORAAA\_NUMBER>> Judge: <<JUDGE\_NAME>> |

1. **AMOUNT OF CLAIM**

**Please indicate the estimated amount of the claim, rounded to the nearest dollar. The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.**

**$8,000 or less**

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**$8,001 - $30,000**

**$30,001 - $50,000**

**$50,001 - $75,000**

**$75,001 - $100,000**

**Over $100,000**

1. **TYPE OF CASE** (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x in both the main category and subcategory boxes.

**CIRCUIT CIVIL**

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| **X** |
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Condominium

Contracts and indebtedness Eminent domain

Auto negligence Negligence—other

Business governance Business torts Environmental/Toxic tort Third party indemnification Construction defect

Mass tort Negligent security

Nursing home negligence Premises liability—commercial Premises liability—residential Products liability ⁭

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Real property/Mortgage foreclosure Commercial foreclosure Homestead residential foreclosure

Non-homestead residential foreclosure Other real property actions

Professional malpractice Malpractice – business Malpractice – medical Malpractice – other professional

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Other

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Antitrust/Trade regulation Business transactions

Constitutional challenge – statute or ordinance Constitutional challenge – proposed amendment Corporate trusts

Discrimination – employment or other Insurance claims

Intellectual property Libel/Slander

Shareholder derivative action Securities litigation

Trade secrets Trust litigation

**COUNTY CIVIL**

Civil

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| **X** |  |
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Real property/Mortgage foreclosure Replevins

Evictions

Residential Eviction

Non-Residential Eviction Other civil (non-monetary)

1. **REMEDIES SOUGHT** (check all that apply):

Monetary;

|  |
| --- |
| **X** |
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Non-Monetary declaratory or injunctive relief; Punitive

1. **NUMBER OF CAUSES OF ACTION**: [ **1** ] (specify)
2. **IS THIS CASE A CLASS ACTION LAWSUIT?**

yes no

1. **HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?**

no

yes If “yes”, list all related cases by name, case number, and court.

1. **IS JURY TRIAL DEMANDED IN COMPLAINT?**

yes no

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature /S/ Robert Gonzalez Fla. Bar # 68865

Attorney or party (Bar # if attorney)

Robert Gonzalez, Esq.

(type or print name) Date