

Parties Information Sheet for new DC/Private JP cases

The party(ies) or attorney representative(s) filing this case should fill out all the information requested below to the extent possible, including contact information for the other party (on the reverse side).

Cause Number: 18CO _____

Petitioner Name _____

Address _____

Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Do you authorize the Court to contact you via text message? Yes ___ No ___

****text message and data rates may apply****

Attorneys: Please check the box and sign below (or authorize one of your staff to sign for you below) if you consent to the contacts described below.

I authorize the court staff to contact my client (identified above) directly for scheduling or administrative purposes that do not address substantive matters before the Court

Attorney signature _____

Email _____

-- OVER --

Respondent Name _____

Address _____

Email _____

Home Phone _____

Work Phone _____

Cell Phone _____

Do you authorize the Court to contact you via text message? Yes ___ No ___

****text message and data rates may apply****

Attorneys: Please check the box and sign below (or authorize one of your staff to sign for you below) if you consent to the contacts described below.

I authorize the Court staff to contact my client (identified above) directly for scheduling or administrative purposes that do not address substantive matters before the Court

Attorney signature _____

Email _____