

**LOUISIANA CIVIL CASE REPORTING**  
**Civil Case Cover Sheet – LA. R.S. 13:4688 and**  
**Part G, §13, Louisiana Supreme Court General Administrative Rules**

This civil case cover sheet shall be completed by counsel for the petitioner, counsel’s authorized representative, or by the self-represented litigant (if not represented by counsel) and submitted with the original petition filed with the court. The information should be best available at the time of filing. This information does not constitute a discovery request, response or supplementation, and is not admissible at trial.

Suit Caption:

\_\_\_\_\_ vs. \_\_\_\_\_

Court: Tangipahoa Parish Clerk of Court    Docket Number: \_\_\_\_\_

Parish of Filing: \_\_\_\_\_    Filing Date: \_\_\_\_\_

Name of Lead Petitioner’s Attorney: \_\_\_\_\_

Name of Self-Represented Litigant: \_\_\_\_\_

Number of named petitioners: \_\_\_\_\_    Number of named defendants: \_\_\_\_\_

**Type of Lawsuit: Please check the categories which most appropriately apply to this suit  
(no more than 3 categories should be checked):**

- |   |   |
|---|---|
| <input type="checkbox"/> Auto: Personal Injury          | <input type="checkbox"/> Auto: Property Damage            |
| <input type="checkbox"/> Auto: Wrongful Death           | <input type="checkbox"/> Auto: Uninsured Motorist         |
| <input type="checkbox"/> Asbestos: Property Damage      | <input type="checkbox"/> Asbestos: Personal Injury/ Death |
| <input type="checkbox"/> Product Liability              | <input type="checkbox"/> Premise Liability                |
| <input type="checkbox"/> Intentional Bodily Injury      | <input type="checkbox"/> Intentional Property Damage      |
| <input type="checkbox"/> Intentional Wrongful Death     | <input type="checkbox"/> Unfair Business Practice         |
| <input type="checkbox"/> Business Tort                  | <input type="checkbox"/> Fraud                            |
| <input type="checkbox"/> Defamation                     | <input type="checkbox"/> Professional Negligence          |
| <input type="checkbox"/> Environmental Tort             | <input type="checkbox"/> Medical Malpractice              |
| <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Toxic Tort                       |
| <input type="checkbox"/> Legal Malpractice              | <input type="checkbox"/> Other Tort (described below)     |
| <input type="checkbox"/> Other Professional Malpractice | <input type="checkbox"/> Redhibition                      |
| <input type="checkbox"/> Maritime                       | <input type="checkbox"/> Class action (nature of case)    |
| <input type="checkbox"/> Wrongful Death                 | _____   |
| <input type="checkbox"/> General Negligence             | _____   |

**Please briefly describe the nature of the litigation in one sentence of additional detail:**


Following the completion of this form by counsel, counsel’s representative, or by the self-represented litigant, this document will be submitted to the Office of the Judicial Administrator, Supreme Court of Louisiana, by the Clerk of Court.

Name, Address and Contact information of person completing form:

Name: \_\_\_\_\_    Signature: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_    e-mail address: \_\_\_\_\_