

## **NOTICE**

The attached Case Information and Litigant Data Form, previously adopted for use in all Civil, small claims, forcible entry and detainer actions, Family actions, and Probate matters, has now been amended. The form has been amended to ensure consistency with the differentiated case management tracks adopted by the Court. (See Time Standards order entered April 23, 2013), specifically for Civil, Family and Probate Matters.

Please be reminded that the form must be submitted upon the filing of each new civil, family or probate case, and requires contact information of both the attorneys for each party, and all litigants to the case.

It is the responsibility of the respective attorney to update the information on file with the Court (for both the attorney and his client), as it changes. Failure to update the information as the litigation progresses could be considered in motions for good cause or excusable neglect, or in motions to reopen an action after default, based on lack of service or notice of proceedings. Moreover, the plaintiff's failure to complete the form may result in dismissal of the action for failure to prosecute.

Additional copies of the Case Information and Litigation Data Form, as amended, may be obtained from the Clerk's Office or on the Court's website, at <https://superior.vicourts.org/forms> ("Forms" link).

**SUPERIOR COURT OF THE VIRGIN ISLANDS  
CASE INFORMATION AND LITIGANT DATA SHEET**

\*\* The attached form requires the attorney for each litigant in a case (All Civil, Civil Miscellaneous, Family and Probate cases) to provide specific contact information for both the attorney and the litigant. This form must be submitted by the plaintiff(s) at the time of filing of the action; the defendant(s) must submit the required information at the time of filing of the Answer or initial pleading. The Clerk's Office shall ensure receipt of a completed form from every litigant in an action, within the time periods set forth above. Division supervisors shall create a tickler in each instance and contact deficient attorneys/litigants to cure deficiencies after expiration of the times provided. All uncured deficiencies remaining after the initial contact shall be referred to the Clerk of the Court for further action at the expiration of the time provided for further action (i.e. issuance of a deficiency notice or referral to a judge for dismissal for failure to prosecute). **PLEASE TYPE OR PRINT LEGIBLY.**

**Note: This form replaces the previously used "Civil Case Cover Sheet" and "Civil Litigant Personal Data Form."**

**CASE INFORMATION AND LITIGANT DATA FORM**

CASE NO. \_\_\_\_\_

**PARTY INFORMATION**

**DEFENDANT 1: ( FULL NAME)**

**DEFENDANT 2: (FULL NAME)**

\_\_\_\_\_  
**ALIAS:** \_\_\_\_\_

\_\_\_\_\_  
**PLACE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/DAY/YEAR

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH/DAY/YEAR

**MAILING ADDRESS:** (Include zip code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLACE OF EMPLOYMENT:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMAIL ADDRESS:**  
\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
CELL NUMBER: (\_\_\_\_) \_\_\_\_\_  
WORK NO.: (\_\_\_\_) \_\_\_\_\_  
FAX NO.: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

**DEFENSE ATTORNEY INFORMATION**

CHECK HERE IF APPEARING PRO SE (ON YOUR OWN BEHALF, WITHOUT AN ATTORNEY)

**ATTORNEY 1: (FULL NAME)**

**ATTORNEY 2: (FULL NAME)**

\_\_\_\_\_  
**MAILING ADDRESS:** (Include zip code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL OFFICE ADDRESS:**  
 Check if Same as Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if Same as Mailing Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASE INFORMATION AND LITIGANT DATA FORM**

**EMAIL ADDRESS:**

\_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

CELL NUMBER: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

WORK NO.: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

FAX NO.: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Check here if there are more than two (2) defendants and/or defense attorneys involved in this case, and attach a separate sheet that includes the required information for all such additional persons.

**SIGNATURE(S) -- (Each Defense Attorney or Pro Se Defendant is Required to Sign and Date the document below):**

\_\_\_\_\_

PRINT

\_\_\_\_\_

PRINT

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATED

\_\_\_\_\_

DATED