

CASE INFORMATION FORMAT

DISTRICT	
PLEASE TICK	
CIVIL	
CRIMINAL	

S.NO	PLAINTIFF/PETITIONER/COMPLAINANT / APPLTENT / DECREE HOLDER ETC. (PLEASE FILL UP ALL THE RELEVANT FIELDS & (*) FIELDS ARE MANDATORY)					
1.	*NAME OF PLAINTIFF / COMPLAINANT ETC					
2.	*S/O,W/O,D/O					
3	*ADDRESS					
4.	AADHAR CARD NUMBER		PINCODE			
5.	*GENDER		MALE	FEMALE	OTHERS	NATIONALITY
6	DATE OF BIRTH		DD	MM	YYYY	AGE YEARS
7	*MOBILE NO/*E-MAIL		MOBILE NO		E-MAIL IN CAPITAL LETTERS	
8.	*ACT/SECTION					
9.	VALUATION OF SUIT		COURT FEE ASCERTAINED: COURT FEE PAID/DEPOSITED: (IN CRIMINAL MATTERS ONLY)			
10	* POLICE STATION					
11	* F.I.R NO- & YEAR		(IN CRIMINAL MATTERS ONLY)			

S.NO	DEFENDANT / ACCUSED / RESPONDENT JUDGEMENT DEBATER ETC.. (PLEASE FILL UP ALL THE RELEVANT FIELDS & (*) FIELDS ARE MANDATORY)					
1.	*NAME OF DEFENDANT / ACCUSED ETC..					
2.	*S/O,W/O,D/O					
3	*ADDRESS					
4.	AADHAR CARD NUMBER		PINCODE			
5.	*GENDER		MALE	FEMALE	OTHERS	NATIONALITY
6	DATE OF BIRTH		DD	MM	YYYY	AGE YEARS
7	*MOBILE NO/*E-MAIL		MOBILE NO		E-MAIL IN CAPITAL LETTERS	

S.NO	ADVOCATE FOR PLAINTIFF/COMPLAINANT/PETITIONER/ DECREE HOLDER ETC...			
1.	* NAME OF ADVOCATE		*BAR REGN NO	
2.	*ADDRESS			
3	*MOBILE NO/*E-MAIL		MOBILE NO:-	E-MAIL IN CAPITAL LETTERS

SUBMITTED BY:- _____
(PLAINTIFF/PETITIONER/DEFENDANT/ACCUSED/OTHERS/ADVOCATE)
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