

CIVIL CASE COVER SHEET The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Supreme Court of New Mexico is required for the use of the Clerk of Court for the purpose of initiating the civil docket. **COMPLETE BOTH SIDES OF THIS FORM AND SIGN THE SECOND PAGE**

Plaintiff

Name
Address

City, State, Zip
Social Security Number
Date of Birth
Phone Number

Defendant

Name
Address

City, State, Zip
Social Security Number
Date of Birth
Phone Number

Plaintiff's Attorneys (Firm Name, Address, and Telephone)

Defendant's Attorneys (Firm Name, Address, and Telephone)

I do not have an attorney (Pro Se)

Initial Pleading

I am applying for free process

Amended/Supplemental Pleading Complete the cover sheet ONLY if the parties or Main claims (causes of action) are changed by the new pleading.

Place an X in the ONE box in the "Main" column (only one in Main column) which describes your Main claim. Mark all "Other" boxes (you may check more than one) that describe your other claims.

Main	Other	Appeals & Writs	APP
<input type="checkbox"/>	<input type="checkbox"/>	Admin. Appeal with new trial	AAN
<input type="checkbox"/>	<input type="checkbox"/>	Admin. Appeal on the record	AAR
<input type="checkbox"/>	<input type="checkbox"/>	Appeal DR License	ADL
<input type="checkbox"/>	<input type="checkbox"/>	Appeal fr. lower court, New	ALN
<input type="checkbox"/>	<input type="checkbox"/>	Appeal fr. lower court on	ALR
<input type="checkbox"/>	<input type="checkbox"/>	License	DR
<input type="checkbox"/>	<input type="checkbox"/>	Certiorari	AWC
<input type="checkbox"/>	<input type="checkbox"/>	Habeas Corpus	AWH
<input type="checkbox"/>	<input type="checkbox"/>	Mandamus, Prohibition	AWM
<input type="checkbox"/>	<input type="checkbox"/>	Appeals Miscellaneous	AMS

Main	Other	Contract, Debt, Partnership	KDM
<input type="checkbox"/>	<input type="checkbox"/>	Breach of Contract	KBK
<input type="checkbox"/>	<input type="checkbox"/>	Breach of Warranty	KBW
<input type="checkbox"/>	<input type="checkbox"/>	Debt and Money Due	KDM
<input type="checkbox"/>	<input type="checkbox"/>	Contract - Equitable Relief	KEQ
<input type="checkbox"/>	<input type="checkbox"/>	Contract Injunction	KIN
<input type="checkbox"/>	<input type="checkbox"/>	Dissolution of Partnership, Joint Venture	KKD
<input type="checkbox"/>	<input type="checkbox"/>	Contract Wrongful Termination	KWT
<input type="checkbox"/>	<input type="checkbox"/>	Replevin, Attachment	KRA
<input type="checkbox"/>	<input type="checkbox"/>	Contract Miscellaneous	KMS

Main	Other	Realty	RES
<input type="checkbox"/>	<input type="checkbox"/>	Claim of Lien	RCL
<input type="checkbox"/>	<input type="checkbox"/>	Claim of Easement, License	REL
<input type="checkbox"/>	<input type="checkbox"/>	Foreclosure	RFC
<input type="checkbox"/>	<input type="checkbox"/>	Forfeiture	RFF
<input type="checkbox"/>	<input type="checkbox"/>	Govt.: Condemn, Emin.	RG
<input type="checkbox"/>	<input type="checkbox"/>	Landlord Tenant	RLT
<input type="checkbox"/>	<input type="checkbox"/>	Claims of Other Equitable	REO
<input type="checkbox"/>	<input type="checkbox"/>	Quiet Title	RQT
<input type="checkbox"/>	<input type="checkbox"/>	Zoning Violation	RZV
<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Miscellaneous	RMS

Main	Other	Statutory Violations	VSO
<input type="checkbox"/>	<input type="checkbox"/>	Fair Labor Standards Act	VFL
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Code	VIC
<input type="checkbox"/>	<input type="checkbox"/>	Statutes/Ordinance Viol. Misc.	VFL
<input type="checkbox"/>	<input type="checkbox"/>	Securities Act	VSA
<input type="checkbox"/>	<input type="checkbox"/>	Trade Practices Act	VTP

Main	Other	Torts - Auto	TAU
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury Auto	TAI
<input type="checkbox"/>	<input type="checkbox"/>	Property Damages, Auto	TAP
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consortium	TCS
<input type="checkbox"/>	<input type="checkbox"/>	Subrogation	TSB
<input type="checkbox"/>	<input type="checkbox"/>	Wrongful Death, Auto	TWA

Main	Other	Malpractice, Product Liability	TMP
<input type="checkbox"/>	<input type="checkbox"/>	Legal Malpractice	TLM
<input type="checkbox"/>	<input type="checkbox"/>	Medical Malpractice	TMM
<input type="checkbox"/>	<input type="checkbox"/>	Other Malpractice	TOM
<input type="checkbox"/>	<input type="checkbox"/>	Product Liability	TPL
<input type="checkbox"/>	<input type="checkbox"/>	Wrongful Death Product Liability	TWP

Main	Other	Other Torts	TOT
<input type="checkbox"/>	<input type="checkbox"/>	Assault/Battery	TAB
<input type="checkbox"/>	<input type="checkbox"/>	Bad Faith	TBF
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consortium	TCS
<input type="checkbox"/>	<input type="checkbox"/>	Property Damage	TDM
<input type="checkbox"/>	<input type="checkbox"/>	Tort Injunction	TIN
<input type="checkbox"/>	<input type="checkbox"/>	Libel / Slander	TLS
<input type="checkbox"/>	<input type="checkbox"/>	Misrepresentation, Fraud	TMR
<input type="checkbox"/>	<input type="checkbox"/>	Nuisance	TNU
<input type="checkbox"/>	<input type="checkbox"/>	Property Damage, Non Auto	TPD
<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury, Non Auto	TPI
<input type="checkbox"/>	<input type="checkbox"/>	Securities Fraud	TSF
<input type="checkbox"/>	<input type="checkbox"/>	Wrongful Death, Non Auto	TWD
<input type="checkbox"/>	<input type="checkbox"/>	No Contract Wrongful	TWT
<input type="checkbox"/>	<input type="checkbox"/>	Tort Miscellaneous	TMS

Main	Other	Miscellaneous	MMS
<input type="checkbox"/>	<input type="checkbox"/>	Driver's License Restoration	MDL
<input type="checkbox"/>	<input type="checkbox"/>	Foreign Judgment	MFJ
<input type="checkbox"/>	<input type="checkbox"/>	Forfeiture	MFR
<input type="checkbox"/>	<input type="checkbox"/>	Private Arbitration	MPA
<input type="checkbox"/>	<input type="checkbox"/>	Petition to Marry	MPM
<input type="checkbox"/>	<input type="checkbox"/>	Restraining Order	MRO
<input type="checkbox"/>	<input type="checkbox"/>	Subpoena Witness	MSW
<input type="checkbox"/>	<input type="checkbox"/>	Workers Comp. Judge/WCA Decision	MWC
<input type="checkbox"/>	<input type="checkbox"/>	Wage and Hours Claim	MWH
<input type="checkbox"/>	<input type="checkbox"/>	Wiretap	MWT
<input type="checkbox"/>	<input type="checkbox"/>	Name Change	MNC
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous. Fits nothing else. Specify:	MMS

Main	Other	Other	OTH
<input type="checkbox"/>	<input type="checkbox"/>	Corp. Dissol., Shareholder Suits	OCD
<input type="checkbox"/>	<input type="checkbox"/>	Other Damages-not tort, cntrct or statutory	ODM
<input type="checkbox"/>	<input type="checkbox"/>	Declaratory Relief	ODR
<input type="checkbox"/>	<input type="checkbox"/>	Election Contests	OEC
<input type="checkbox"/>	<input type="checkbox"/>	Injunction - Not Contract / Tort	OIJ
<input type="checkbox"/>	<input type="checkbox"/>	Interpleader	OIN
<input type="checkbox"/>	<input type="checkbox"/>	Tax Case	OTX
<input type="checkbox"/>	<input type="checkbox"/>	Workers Comp (reopen only)	OWC

RELIEF CODES TABLE

Place a check mark after the type(s) relief you are seeking for each claim selected on the front of this form.

CODE	RELIEF SOUGHT	APPLIES TO WHAT CLAIM:			CODE	RELIEF SOUGHT	APPLIES TO WHAT CLAIM:		
		MAIN	OTHER #1	OTHER #2			MAIN	OTHER #1	OTHER #2
ATF	ATTORNEY FEES				LCR	LATE CHARGE RATE			
CST	COST				MED	MEDICAL EXPENSES			
DEP	DEPOSIT AMOUNT				OTH	OTHER			
DMG	DAMAGES				PRO	PROPERTY			
DSS	DISSOLUTION				PUN	PUNITIVE DAMAGES			
DVP	DIVISION OF PROPERTY				RNT	RENT DUE			
ENF	ENFORCEMENT OF JUDGMENT				RPP	RETURN OF PERSONAL PROPERTY			
INA	AMOUNT HELD BY INTERPLEADER				RPT	AMOUNT OF RENT PER DAY			
INM	INTEREST AMOUNT				TAX	TAX AMOUNT			
INT	INTEREST RATE								
IPP	IMMEDIATE POSSESSION OF PREMISES					Relief sought more than \$25,000? Y/N			
LCA	LATE CHARGE AMOUNT								

INSTRUCTIONS FOR COMPLETING CIVIL CASE COVER SHEET

(Both sides of this form must be completed with every civil case filing)

1. Type or print Plaintiff/Petitioner and Defendant/Respondent Name, address, etc., in the space provided. Additional plaintiffs and defendants must be listed below.
2. Enter Plaintiff and Defendant Attorneys. If you are a plaintiff without an attorney, check the Pro Se box beneath Plaintiff attorney.
3. Check the Initial Pleading box unless this is an Amended or Supplemental Pleading. (If this is an Amended or Supplemental, do not file this form unless the Main claim on your original case is changed.)
4. If you are asking the court to waive the civil filing fee, check the "I am applying for free process" box.
5. You can only have one main claim (or "cause of action"). Find the type of claim that best describes the main claim in your complaint and check the box under Main. If you have other claims, check the box or boxes under Other that best describe your other claims. For example, if you were filing for injuries and damages resulting from an auto accident, you might check the Main box next to "Personal Injury Auto" and the Other boxes next to "Property Damage Auto" and "Loss of Consortium."
6. Next, turn to the Relief Codes Table (above) and place a check mark under the Main column next to the relief you are seeking for your main claim listed on the Cover Sheet. You may check more than one type of relief for your Main and Other claims. In the example above, if you were seeking medical expenses for your Personal Injury Auto (your "main" claim), you would check the box next to Medical Expenses in the Main column.
7. If you are seeking more than \$25,000 for your claims, place a Y (Yes) in the Main or Other columns as appropriate, otherwise place an N (No).

Even if you choose to represent yourself in a claim, you may wish to consult with an attorney to discuss your rights.

Court personnel are not authorized to give legal advice.

SELECTION OF CLAIMS AND RELIEF CODES ON THIS FORM IS FOR COURT DATA-KEEPING PURPOSES ONLY
AND HAS NO SUBSTANTIVE EFFECT ON YOUR CASE.

LEAVE ITEM BLANK IF INFORMATION IS CONFIDENTIAL OR UNAVAILABLE

Person submitting form sign here: _____

Print name: _____

Additional Plaintiff (s)

Name
Address
City, State, Zip
Social Security #
Phone

Additional Defendant (s)

Name
Address
City, State, Zip
Social Security #
Phone