

CASE INFORMATION FORMAT

Civil

DISTRICT

Criminal

S. No.	PLAINTIFF / PETITIONER / COMPLAINANT / APPELLANT / DECREE HOLDER ETC. PLEASE FILL UP ALL THE RELEVANT FIELD & (*) FIELDS ARE MANDATORY			
1	Name of the Plaintiff / Complainant / Etc.			
2	S/o W/o D/o			
3	Address			
4	Aadhar Card No.		Pin Code:	
5	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
		Nationality		INDIAN
				Other:
6	Date of Birth		Age	
7	Mobile No.			Email:
8	Act / Section			
9	Valuation of Suit		Court Fee Ascetained:	
			Court Fee Paid / Deposited:	
10	Police Station		In Criminal Matters Only	
11	F.I.R. NO. & YEAR		In Criminal Matters Only	
S. No.	DEFENDANT/ ACCUSED / RESPONDENT JUDGEMENT DEBATER ETC. PLEASE FILL UP ALL THE RELEVANT FIELD & (*) FIELDS ARE MANDATORY			
1	Name of the Defendant / Accused Etc.			
2	S/o W/o D/o			
3	Address			
4	Aadhar Card No.		Pin Code:	
5	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
		Nationality		INDIAN
				Other:
6	Date of Birth		Age	
7	Mobile No.			Email:
S. No.	ADVOCATE FOR PLAINTIFF / COMPLAINANT / PETITIONER / DECREE HOLDER ETC.			
1	Name of The Advocate Enrl No.			
2	Office / Chamber No.			
3	Mobile No.	Email:		

SUBMITTED BY:-

PLAINTIFF / PETITIONER / DEFENDANT / ACCUSED / OTHER / ADVOCATE