

RECORD OF CIVIL ACTIONS/MALPRACTICE CLAIMS

Name _____
Last First MI Social Security Number

Complete title of action: _____

Court file number: _____ Date(s) the claim/action was filed: _____

Name and complete address of court or entity with possession of documents:

Name of court: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Name and complete address of professional liability company (if applicable):

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Point of Contact: _____ *Telephone Number:* _____

Plaintiff's Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Plaintiff's Attorney: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Defendant's Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Defendant's Attorney: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____ *Telephone Number:* _____

Trial date: _____ Date of Final Disposition: _____

Disposition: _____

Narrative summary of the civil action/claim including a description of all alleged causes of action and defenses raised. (For Bankruptcy proceedings, please provide a description of the circumstances leading up to and surrounding the filing of any such proceeding :)

(Continue on separate page if necessary)

If the disposition resulted in a judgment, has the judgment been satisfied? Yes No

If yes, give the date the judgment was satisfied and attach evidence of the same: _____

If no, what amount is still owing and why? _____

*****Attach, where applicable, copies of all pleadings, petitions, schedules, discharges, objections to discharge, adversary proceedings, judgments and/or final orders.**

Attachment B
(Make additional copies as needed)