

**SUPPLEMENTAL CIVIL COVER SHEET  
FOR CASES REMOVED FROM STATE COURT**

*This form must be attached to the Civil Cover Sheet at the time  
the case is filed in the United States District Court*

State Court County: \_\_\_\_\_

Case number and caption:

\_\_\_\_\_ vs \_\_\_\_\_

Case Number                      Plaintiff(s)                      Defendant(s)

Jury Demand Made in State Court:  Yes  No

If "Yes," by which party and on what Date:

\_\_\_\_\_ Party                      \_\_\_\_\_ Date

Were there parties not served prior to removal?  Yes  No

Were there parties dismissed/terminated prior to removal?  Yes  No

Were there answers filed in State Court?  Yes  No

Is there a pending TRO in State Court?  Yes  No

*If you have answered "yes" to any of the above please list parties not served, the parties dismissed/terminated and the parties that filed their answers on the reverse of this page.*

*On the reverse of this page please list all Plaintiff(s), Defendant(s), Intervenor(s), Counterclaimant(s), Crossclaimant(s) and Third Party Claimant(s) still remaining in the case and indicate their party type. Please list the attorney(s) of record for each party named and include their bar number, firm name, correct mailing address and phone number, including area code.*

Are copies of all state case pleadings attached to your removal?  Yes  No

If your answer is "No", when will they be filed: \_\_\_\_\_

List the parties that are removing the case:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Parties Not Served</b>	<b>Parties Dismissed</b>	<b>Answers Filed</b>
<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>	<i>I.E. Defendant John Doe</i>

<b>Party and Type</b>	<b>Attorney(s)</b>
<i>I.E. Plaintiff John Doe</i>	<i>I.E. Attorney(s) Name  Firm  Address  City, State, Zip  Telephone and Fax Number  Supreme Court Number</i>

USE A SEPARATE SHEET OF PAPER IF NECESSARY