

CASE FILING STATEMENT
(Needed for Each Participant)

Informational only/not retained in case files

Documents for the following case types may **not** be eFiled (submitted through File & Serve):

- Abuse & Neglect
- Mental Illness
- Involuntary Commitments (Drug/Alcohol Abuse)
- Adoption
- Small Claims
- Juvenile Records

Please check the case type you are filing:

CIVIL

- Litigation
- Administrative Appeal
- Claim and Deliver Action
- Expungement
- Federal Transcript
- Forcible Entry and Detainer
- Foreclosure
- Foreign Judgment
- Habeas Corpus
- Paternity
- Small Claim
- Other Writ
- Other

PROBATE

- Administration of Small Estates
- Conservatorship
- Determination of Inheritance Tax
- Formal Probate
- Guardian Ad Litem
- Guardian/Conservatorship
- Guardianship
- Informal Probate
- Safekeeping of a Will
- Special Administration
- Summary Administration
- Termination of Joint Tenancy
- Termination of Life Estate
- Trust
- Will-Filing Only

MENTAL HEALTH

FAMILY

- Adoption
- Annulment
- Divorce
- Reciprocal
- Separate Maintenance
- Involuntary Commitment
- Mental Illness

Please check the participant role that applies:

CIVIL

- Plaintiff/Petitioner
- Defendant/Respondent
- Other _____

FAMILY

- Plaintiff/Petitioner
- Defendant/Respondent
- Adoptive Infant/Child
- Adoptive parent
- Birth Mother
- Birth Father

PROBATE

- Minor
- Person alleged to need protection
- Guardian Ad Litem
- Trustee
- Trustor
- Name of Trust
- Deceased
- Personal Representative
- Other _____

MENTAL HEALTH

- Petitioner
- Alleged Mentally Ill Person
- Alleged Alcoholic/Drug Abuser
- Other _____

Social Security Numbers (not Driver's License Numbers) must be provided for divorce, child support, & paternity cases, 42 USC 666(a)(13)(B). All filers are **required** to provide the SSN **or** DL# for each of **their** participants regardless of the case type.

State of South Dakota Last/Business Name	_____ First Name	_____ Middle	_____ Suffix
500 E. Capitol Ave. Physical Address	Pierre City	SD State	57501 Zip
<input checked="" type="checkbox"/> Check if Same as Physical			
_____ Mailing Address	_____ City	_____ State	_____ Zip
Date of Birth: _____ mo/day/yr			
_____ Social Security No.	_____ Driver's License No.	_____ State	_____ Employer ID (if plf is a business)
Attorney: Edwards Last Name	Kristen First	605-773-3201 Phone No. .	4124 State Bar ID #
500 E. Capitol Ave. Mailing Address	Pierre City	SD State	57501 Zip

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<u>Stone Hill Construction Inc.</u> Last/Business Name	_____ First Name	_____ Middle	_____ Suffix
<u>3800 W. 93rd St.</u> Physical Address	<u>Sioux Falls</u> City	<u>SD</u> State	<u>57108</u> Zip
<input checked="" type="checkbox"/> Check if Same as Physical			
_____ Mailing Address	_____ City	_____ State	_____ Zip
Date of Birth: _____ mo/day/yr			
_____ Social Security No.	_____ Driver's License No.	_____ State	_____ Employer ID (if plf is a business)
Attorney:			
_____ Last Name	_____ First	_____ Phone No. .	_____ State Bar ID #
_____ Mailing Address	_____ City	_____ State	_____ Zip