

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE COURT OF COMMON PLEAS

Civil Action Coversheet

_____,
Appellant(s)

v.

_____,
Respondent(s)

Case No. _____

Submitted By: _____
Address: _____

SC Bar Number: _____
Telephone #: _____
Fax #: _____
Other: _____
Email: _____

NOTE: The coversheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for the use of the Clerk of Court for the purpose of docketing cases that are NOT E-Filed. It must be filled out completely, signed, and dated. A copy of this coversheet must be served on the defendant(s) along with the Summons and Complaint. **This form is NOT required to be filed in E-Filed Cases.**

DOCKETING INFORMATION (Check all that apply)

****If Action is Judgment/Settlement do not complete***

- JURY TRIAL** demanded in complaint.
- NON-JURY TRIAL** demanded in complaint.
- This case is subject to **ARBITRATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is subject to **MEDIATION** pursuant to the Court Annexed Alternative Dispute Resolution Rules.
- This case is exempt from ADR. (Certificate Attached)

Note: Frivolous civil proceedings may be subject to sanctions pursuant to SCRPC, Rule 11, and the South Carolina Frivolous Civil Proceedings Sanctions Act, S.C. Code Ann. §15-36-10 et. seq.

Submitting Party Signature: _____

Date: _____

Nature of Action (Check one box below)

Contracts

- Constructions (100)
- Debt Collection (110)
- General (130)
- Breach of Contract (140)
- Fraud/Bad Faith (150)
- Failure to Deliver/Warranty (160)
- Employment Discrim (170)
- Employment (180)
- Other (199)

Torts- Professional Malpractice

- Dental Malpractice (200)
 - Legal Malpractice (210)
 - Medical Malpractice (220)
 - Notice of Intent Case #
-
- Notice File. Med Mal (230)
 - Other (299)

Torts- Personal Injury

- Conversion (310)
- Motor Vehicle Accident (320)
- Premises Liability (330)
- Products Liability (340)
- Personal Injury (350)
- Wrongful Death (360)
- Assault/Battery (370)
- Slander/Libel (380)
- Other (399)

Inmate Petitions

- PCR (500)
- Mandamus (520)
- Habeas Corpus (530)
- Other (599)

Real Property

- Claim & Delivery (400)
- Condemnation (410)
- Foreclosure (420)
- Mechanic's Lien (430)
- Partition (440)
- Possession (450)
- Building Code Violation (460)
- Other (499)

Judgments/Settlements

- Death Settlement (700)
- Foreign Judgment (710)
- Magistrate's Judgment (720)
- Minor Settlement (730)
- Transcript Judgment (740)
- Lis Pendens (750)
- Transfer of Structured Settlement Application Payment Rights (760)
- Confession of Judgment (770)
- Petition for Workers Compensation Settlement Approval (780)
- Incapacitated Adult Settlement (790)
- Other (799)

Administrative Law/Relief

- Reinstate Driver's License (800)
- Judicial Review (810)
- Relief (820)
- Permanent Injunction (830)
- Forfeiture- Petition (840)
- Forfeiture- Consent Order (850)
- Other (899)

Special/Complex/Other

- Environmental (600)
- Automobile Arb. (610)
- Medical (620)
- Pharmaceuticals (630)
- Unfair Trade Practices (640)
- Out of State Depositions (650)
- Motion to Quash Subpoena in an Out of County Action (660)
- Pre-Suit Discovery (670)
- Permanent Restraining Order (680)
- Interpleader (690)
- Other (699)

Appeals

- Arbitration (900)
- Magistrate- Civil (910)
- Magistrate- Criminal (920)
- Municipal (930)
- Probate Court (940)
- SCDOT (950)
- Worker's Comp (960)
- Zoning Board (970)
- Public Service Comm. (990)
- Employment Service Comm. (991)
- Other (999)



<p>State of South Carolina In the matter of Arbitration between</p> <p>Claimant(s): _____, [Fill in Claimant's Name]</p> <p>v.</p> <p>Defendant(s): _____, [Fill in Defendant's Name]</p>	<p>Before of the Arbitration Panel of Greenville County</p> <p>Case No. _____ [Fill in Case Number]</p>
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Summons For Arbitration (Claim Served Herewith)

TO THE DEFENDANT(S): [Fill in Defendant Name] _____;

YOU ARE HEREBY SUMMONED and required to answer the Claim for Property Damage in this proceeding, a copy of which is herewith served upon you, and to file a response with the Clerk of Court for Greenville County within thirty (30) days from the date of service hereof, exclusive of the day of such service. If you fail to file such response within the aforesaid thirty (30) days, the claimant shall be entitled to a default judgment for the relief demanded in the Claim for Property Damage.

Attorney for Claimant(s):

Attorney Name _____
[Fill in Name of Attorney of Claimant]

Bar Number _____
[Fill in Bar Number of Attorney of Claimant]

Firm Name _____
[Fill in Firm Name]

Address 1 _____
[Fill in Address 1]

Address 2 _____
[Fill in Address 2]

Phone Number _____
[Fill in Phone Number]

Email Address _____
[Fill in Email Address]



**SOUTH CAROLINA
JUDICIAL BRANCH**

Claimant(s):

[Fill in Claimant]

Dated:

[Fill in Date]

Attorney for Claimant(s):

Claimant(s):

DATE:

THIS FORM SHALL BE ARBITRATED BY A PANEL OF THREE (3) ARBITRATORS TO BE APPOINTED BY THE CLERK OF COURT UNLESS WITHIN TEN (10) DAYS FROM THE FILING OF A RESPONSE BY THE DEFENDANT(S), THE CLAIMANT(S) AND DEFENDANT(S) SHALL AGREE, IN WRITING, TO HAVE SUCH CLAIM HEARD BY A SINGLE ARBITRATOR. A FORM OF AGREEMENT IS AVAILABLE IN THE CLERK'S OFFICE.



STATE OF SOUTH CAROLINA
In the matter of Arbitration between

BEFORE THE ARBITRATION PANEL
OF _____

_____,
Claimant(s)

**AFFIDAVIT OF SERVICE
(CLAIM SERVED HEREWITH)**

v.

_____,
Defendant(s)

Case No. _____

The undersigned, _____ being duly sworn, states that he served the Summons for Arbitration and the Claim for Property Damage in this action on the Defendant(s), _____ by delivering a copy (or copies) of the same to _____ the Defendant(s) personally, or to _____, the ____ day of _____, 20____, that affiant knows the person(s) so served to be the Defendant(s) or persons mentioned and described above, and that affiant is not a party to, nor interested in, the action.

I swear or affirm that I know the facts above to be true. I believe anything above that is stated on information and belief to be true.

Signature

Sworn to and subscribed before me this ____ day of _____, 20____.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires the ____ day of _____, 20____.