

CASE FILING STATEMENT - Informational Only; Not Retained in Case Records

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 (claim & initial filings only)
- Juvenile Records
- Safekeeping of a Will

Provide the Case File No. for the record you are filing into or the Case Type if initiating a new action: 32CIV16-000037

*Available Case Type options can be found on the UJS internet website at <http://uj.s.sd.gov/Information/Attorneys.aspx>.

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.

INFORMATION FOR PLAINTIFF/PETITIONER/APPLICANT:

_____ Last/Business Name	_____ First Name	_____ Middle	_____ Suffix
_____ Physical Address	_____ City	_____ State	_____ Zip
<input type="checkbox"/> Check if Same as Physical			
_____ Mailing Address	_____ City	_____ State	_____ Zip
Date of Birth: _____ mo/day/yr			
_____ Phone No.	_____ 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

INFORMATION FOR DEFENDANT/RESPONDENT:

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