

**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: 32CIV16-000038

\*Available Case Type options can be found on the UJS internet website at <http://ujs.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/ <u>      </u> Business Name	First Name <u>      </u>	Middle <u>      </u>	Suffix <u>      </u>
Physical Address <u>      </u>	City <u>      </u>	State <u>      </u>	Zip <u>      </u>
<input type="checkbox"/> Check if Same as Physical			
Mailing Address <u>      </u>	City <u>      </u>	State <u>      </u>	Zip <u>      </u>
Date of Birth: <u>      </u> / <u>      </u> / <u>      </u> mo/day/yr			
Phone No. <u>      </u>	Social Security No. <u>      </u> - <u>      </u> - <u>      </u>	Driver's License No. <u>      </u> State <u>      </u>	Employer ID (if plf is a business) <u>      </u>
<b>Attorney:</b>	Last Name <u>      </u>	First <u>      </u>	Phone No. <u>      </u> State Bar ID # <u>      </u>
Mailing Address <u>      </u>	City <u>      </u>	State <u>      </u>	Zip <u>      </u>

**INFORMATION FOR DEFENDANT/RESPONDENT:**

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