

CIVIL CASE FILING STATEMENT

(Two-Party Cases)

Please check the case type you are filing:

- CIV:  Tort  Contract  Name Change  Paternity\*  Quiet Title  Claim and Delivery
- Foreign Judgment  Administrative Appeal  Condemnation  Forcible Entry & Detainer
- Habeas Corpus  Other Writ  Other
- DIV:  Divorce\*  Annulment\*  Separate Maintenance\*
- SMC:  Small Claims

Complete a form for each additional Plaintiff or Defendant

Plaintiff: South Dakota Public Utilities Commission  
 Last/Business name First Middle Suffix

Address: 500 East Capitol Ave.

City: Pierre State: SD Zip: 57501

Date of Birth: NA  
mm dd yyyy

Social Security #: \_\_\_\_\_ and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Plaintiff is a business or other entity) 46-60000364

Attorney: Smith John J.  
 Last First Middle Suffix

Address: 500 East Capitol Ave. Phone: (605) 773-3201

City: Pierre State: SD Zip: 57501

Defendant: Sumption Les S.  
 Last/Business name First Middle Suffix

Address: 39452 Country Drive

City: Bath State: SD Zip: 57427

Date of Birth: 6 27 1960  
mm dd yyyy

Social Security #: 504 - 94 - 0036 and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Defendant is a business or other entity) \_\_\_\_\_

Attorney: Burke John W.  
 Last First Middle Suffix

Address: PO Box 100 Phone: (605) 723-8000

City: Belle Fourche State: SD Zip: 57717

\*For cases involving divorce, child support, and paternity, you must include your Social Security Number. 42 USC 666(a)(13)(B).

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*Complete a form for each additional Plaintiff or Defendant*

Plaintiff: \_\_\_\_\_  
Last/ Business name First Middle Suffix

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Plaintiff is a business or other entity) \_\_\_\_\_

Attorney: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Defendant: Swearingen Matt R.  
Last/ Business name First Middle Suffix

Address: 135 Campbell Ave. \_\_\_\_\_

City: Stratford State: SD Zip: 57474

Date of Birth: 7 22 65  
mm dd yyyy

Social Security #: 504 - 90 - 5607 and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Defendant is a business or other entity) \_\_\_\_\_

Attorney: Burke John W.  
Last First Middle Suffix

Address: PO Box 100 Phone: (605) 723-8000

City: Belle Fourche State: SD Zip: 57717

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SMC:  Small Claims

Complete a form for each additional Plaintiff or Defendant

Plaintiff: \_\_\_\_\_  
Last/Business name First Middle Suffix

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Plaintiff is a business or other entity) \_\_\_\_\_

Attorney: \_\_\_\_\_  
Last First Middle Suffix

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Defendant: S&S Communications  
Last/Business name First Middle Suffix

Address: none

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mm dd yyyy

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and/or Drivers license # \_\_\_\_\_ State \_\_\_\_\_

Employer ID (if Defendant is a business or other entity) \_\_\_\_\_

Attorney: Burke John W.  
Last First Middle Suffix

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