

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	<u> </u> First Name	<u> </u> Middle	<u> </u> Suffix
<u> </u> Physical Address	<u> </u> City	<u> </u> State	<u> </u> Zip
<input type="checkbox"/> Check if Same as Physical			
<u> </u> Mailing Address	<u> </u> City	<u> </u> State	<u> </u> Zip
Date of Birth: <u> </u> / <u> </u> / <u> </u> mo/day/yr			
<u> </u> Phone No.	<u> </u> - <u> </u> - <u> </u> Social Security No.	<u> </u> <u> </u> Driver's License No. State	<u> </u> Employer ID (if plf is a business)
Attorney:	<u> </u> Last Name	<u> </u> First	<u> </u> <u> </u> Phone No. State Bar ID #
<u> </u> Mailing Address	<u> </u> City	<u> </u> State	<u> </u> Zip

INFORMATION FOR DEFENDANT/RESPONDENT:

<u>South Dakota Public Utilities Commission</u> Last/ <u> </u> Business Name	<u> </u> First Name	<u> </u> Middle	<u> </u> 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			
<u> </u> Mailing Address	<u> </u> City	<u> </u> State	<u> </u> Zip
Date of Birth: <u> </u> / <u> </u> / <u> </u> mo/day/yr			
<u>605-773-3201</u> Phone No.	<u> </u> - <u> </u> - <u> </u> Social Security No.	<u> </u> <u> </u> Driver's License No. State	<u> </u> Employer ID (if plf is a business)
Attorney:	<u>de Hueck</u> Last Name	<u>Adam</u> First	<u>605-773-3201</u> <u>4186</u> Phone No. State Bar ID #
<u>500 E. Capitol</u> Mailing Address	<u>Pierre</u> City	<u>SD</u> State	<u>57501</u> Zip