MONTHLY CIVIL CASE REPORTING FORM

Reporting on Actions for Offenses and Quasi-Offenses (La. R.S. 13:4688 and Part G, Section 13, La. S. Ct. General Administrative Rules)

PLEASE COMPLETE, SIGN, AND RETURN ON OR BEFORE THE 10TH OF EACH MONTH EVEN IF NO SUITS ARE FILED OR COMPLETED

Judicial Administrator, Supreme Court of Louisiana 400 Royal Street, Suite 1190 New Orleans, LA 70130-8101 ATTENTION: Debra Longino-Scott

Make checks payable to: "LOUISIANA SUPREME COURT"

PARISH:		
The calendar month and year for which this remitt	ance is made:	
Number of civil damage suits filed during the mor	nth:	
Number of Civil Case Reporting Cover sheets reco	eived during the month:	
Number of suits in which a civil case cover sheet (Attach a copy of the petition for each suit in which up with the attorney of record or self-represented by the control of the cord of t	ch a cover sheet was not submitted so	·
Number of suits for which remittance is made (sho	ould be the same as the number of su	its filed):
Check Number(s): Amount	of Payment:	
Number of bench or jury civil trial judgments that	became final during the month (atta	ch a copy of each):
I,, do Section 13, Louisiana Supreme Court General Ada	hereby submit, as required under ministrative Rules:	LA. R.S. 13:4688 and Part G,
 All Civil Case Reporting Part A Cover arising from an offense or quasi-offense of the petition for all suits arising in which a Civil Case Reporting Cover starting from an offense or quasi-offense; Copies of all judgments that became final quasi-offenses in which a bench or jury to 	during the month; (La. R.S. 13:4688 g from an offense or quasi-offense fineet was not submitted; of court, for each suit filed in this coll during the prior month, in each acti	and Rule G, Section 13, (a)); led in this court during the month urt during the month for damages on for damages for offenses or
I do hereby certify that the above represents, to the the cover sheets received, and a true and accurate obtained by the Court, during the calendar month	accounting of the number of offense	
	Signature	
	Name (please print or type)	Email address
	Title	Telephone number

You may duplicate this form as needed for your records.

Effective 8/1/2014