

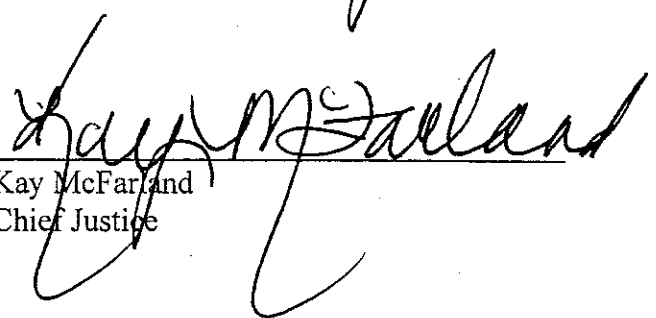
IN THE SUPREME COURT OF THE STATE OF KANSAS

ADMINISTRATIVE ORDER NO. 194

Re: Rule Requiring Use of Cover Sheets and Privacy Policy
Regarding Use of Personal Identifiers in Pleadings

The attached Supreme Court Rule 123 is hereby adopted.

ADOPTED BY ORDER OF THE COURT this 4th day of May 2005.



Kay McFarland
Chief Justice

Attachment

IN THE SUPREME COURT OF THE STATE OF KANSAS

RULES RELATING TO DISTRICT COURTS

New Rule 123

RULE REQUIRING USE OF COVER SHEETS AND PRIVACY POLICY REGARDING USE
OF PERSONAL IDENTIFIERS IN PLEADINGS

Supreme Court Rule 123 is hereby enacted, effective July 1, 2005.

(a) Effective July 1, 2005, for the filing of all new cases, the clerks of the district courts shall require the submission of a cover sheet. The cover sheets should be in substantially the same form as Exhibit A hereto. The judicial administrator may exclude certain cases from this requirement.

(b) Parties filing new cases seeking divorce, child custody, child support, or maintenance shall furnish to the clerk on the cover sheet Social Security numbers for the parties and for the parties' children, if known, and dates of birth for parties and children.

(c) Pursuant to the court's authority recognized in K.S.A. 45-221(a)(1), Social Security numbers and dates of birth supplied to the district court in connection with a cover sheet shall remain confidential and are not to be released to the public.

(d) The cover sheet should not be retained in court case files, is not subject to Rule 108, and may be shredded or otherwise destroyed within a reasonable time after the case is entered into the case information system.

(e) Unless otherwise required by law, parties and their attorneys are directed to refrain from including, or shall partially redact where inclusion is necessary, the following personal identifiers from all pleadings filed with the court, including exhibits thereto, unless otherwise ordered by the court:

1. Social Security numbers. If an individual's Social Security number must be included in a pleading, only the last four digits of that number shall be used.

2. Dates of birth. If an individual's date of birth must be included in a pleading, only the year shall be used.

3. Financial account numbers. If financial account numbers are relevant, only the last four digits of these numbers shall be used.

The parties and counsel are solely responsible for redacting personal data identifiers. The clerk will not review each pleading for compliance with this Rule.

EXHIBIT A



For Office Use Only

CIVIL INFORMATION SHEET

The civil information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case will not be accepted without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

NATURE OF SUIT (Place an X in one box only - If the case involves more than one of the following categories, indicate the category having the highest dollar value)

CIVIL If a CH. 61: \$ _____ (Judgment Demand Amount)

TORT

- Asbestos Product Liability
Automobile Tort
Intentional Tort
Legal Malpractice
Medical Malpractice
Other Professional Malpractice
Premises Liability
Slander/Libel/Defamation
Tobacco Product Liability
Toxic/Other Product Liability
Other Tort

CONTRACT

- Buyer Plaintiff
Employment Dispute - Discrimination
Employment Dispute - Other
Fraud
Landlord/Tenant - Unlawful Detainer
Landlord/Tenant Dispute - Other
Seller Plaintiff (debt collection)
Other Contract

REAL PROPERTY

- Eminent Domain
Mortgage Foreclosure
Other Real Property

MISCELLANEOUS

- 60-1507
Habeas Corpus
Other Writs

OTHER CIVIL

CIVIL APPEALS

- Administrative Agency
Other Civil Appeal

DOMESTIC

- MARRIAGE DISSOLUTION/DIVORCE
PROTECTION FROM ABUSE
PROTECTION FROM STALKING
UIFSA
OTHER DOMESTIC RELATIONS
NON-DIVORCE SUPPORT, CUSTODY OR VISITATION
PATERNITY

PROBATE/ESTATE

GUARDIAN / CONSERVATOR

- Conservatorship/Trusteeship
Guardianship - Adult
Guardianship - Minor
Guardian/Conservator - Adult
Guardian/Conservator - Minor

DETERMINATION OF DESCENT

SEXUALLY VIOLENT PREDATOR

DECEDENT ESTATE

ELDER ABUSE

OTHER PROBATE / ESTATE

CARE AND TREATMENT

ADOPTION

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE County SHERIFF OUT OF STATE State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: ADDRESS:

PHONE: SEX:

SSN: DOB:

DL OR STATE ID NO: State and Number

ALIAS NAMES USED:

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

DEFENDANT / OTHER PARTY INFORMATION (ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: ADDRESS:

PHONE: SEX:

SSN: DOB:

DL OR STATE ID NO: State and Number

ALIAS NAMES USED:

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD: (Name) (Date of Birth) (Social Security Number)

ADDITIONAL CIVIL PARTY INFORMATION

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

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(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

PHONE: _____ SEX: _____

SSN: _____ DOB: _____

DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

(Name)

(Date of Birth)

(Social Security Number)



For Office Use Only

CRIMINAL INFORMATION SHEET

The criminal information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the criminal docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

DEFENDANT'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

DEFENDANT'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RACE: White Black Asian American Indian/Alaskan
Pacific Island Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

ALIAS NAMES USED: _____

KDR Transaction Number _____

COMPLAINT INFORMATION

VIOLATION DATE: _____

OFFICER: _____

OFFICER NO: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)



For Office Use Only

JUVENILE INFORMATION SHEET

The juvenile information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the juvenile docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

JUVENILE

NATURE OF SUIT (Place an X in all boxes that apply)

JUVENILE OFFENDER

CHILD IN NEED OF CARE

- Abuse
- Neglect
- Dependent (no fault)
- Termination of Parental Rights
- Other Dependency/Child Victim
- Status Offense/Petition

CHILD'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RACE: White Black Asian American Indian/Alaskan
Pacific Island Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

SEX: _____

ALIAS NAMES USED: _____

KDR Transaction Number _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

The requirement that Social Security numbers be included on juvenile cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL JUVENILE PARTY INFORMATION

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

