SUPREME JUDICIAL COURT SINGLE JUSTICE CASE COVER SHEET

Section 1:

Party Filing	Attorney	<u>Attorney</u>	
Name:	Name:		
Address:		Address:	
City: State:	_ City: State:	City: State:	
Zip code:	Zip code:	Zip code:	
Phone:	Phone:	Phone:	
Email:	Email:	Email:	
Self-Represented?	BBO Number:	BBO Number:	
Role in Lower Court (if applicable): _			
Section 2:			
Opposing Party	Attorney	Attorney	
Name:	Name:	Name:	
Address:	Address:	Address:	
City:State:	City:State:	City:State:	
Zip code:	Zip code:	Zip code:	
Dhana:	Phone:	Phone:	
HOHE.		Email:	
Email:	Email:	Elliali.	
Phone:	BBO Number:	Email: BBO Number:	
Email:	BBO Number: Attorney	BBO Number:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Opposing Party Name:	BBO Number:	BBO Number: Attorney Name:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name: Address:	Email: BBO Number: Attorney Name: Address:	Attorney Name: Address:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name: Address: State:	Email: BBO Number: Attorney Name: Address: City: State:	BBO Number: Attorney Name: Address: City: State:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name: Address: City: State: Zip code:	BBO Number:	BBO Number:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: Zip code: Phone:	Attorney Name: Address: City: State: Phone:	
Email:Self-Represented?	Attorney Name: Address: City: Zip code: Phone: Email:	Attorney Name: Address: City: Zip code: Phone: Email:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number:	Attorney Name: Address: City: Zip code: Phone: Email:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Opposing Party Name:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number:	Attorney Name: Address: City: Zip code: Phone: Email:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name: Address:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: State: Phone: Email: BBO Number: Adtorney Name: Address: City: State:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name: Address: City: State: State: State: State: State:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: State: Phone: Email: BBO Number: Adtorney Name: Address: City: State:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name: Address: City: State: State: State: State: State:	
Self-Represented? Role in Lower Court (if applicable): _ Dpposing Party Name:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number: Attorney Name: Attorney Name: Attorney Name: Address: City: State: Zip code:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name: Address: City: State: Zip code: State: Zip code:	
Email: Self-Represented? Role in Lower Court (if applicable): _ Opposing Party Name:	Attorney Name: Address: City: State: Zip code: Phone: Email: BBO Number: Attorney Name: Address: City: State: Email: BBO Number:	Attorney Name: Address: City: Zip code: Phone: Email: BBO Number: Attorney Name: Address: City: State: Zip code: Phone:	

0	4 •	•
•	ection	٠.
N	CCHOIL	J.

Nature of Single Justice Case

•	
Sect	ion 4:
	Lower Court Information (if applicable)
	Lower Court Case Caption:
	Lower Court:
	Lower Court Docket Number:
	Lower Court Judge:
	Lower Court Matter for Review:
	Lower Court Ruling:
	Date of Lower Court Ruling:
	Date of Notice of Appeal (if applicable):
	Date of next event in Trial Court (if applicable):
	motion to impound included in your filing?
	Agency Information (if applicable)
	Agency Name:
	Agency Proceeding Docket Number:
	Date of Agency Ruling:
	Agency Disposition:
	Date of Notice of Appeal (if applicable):