United States District Court

NORTHERN DISTRICT OF OKLAHOMA

Plaintiff(s),

vs.

Defendant(s).

Case Number:

**STATUS REPORT ON REMOVED ACTION**

This form must be filed by the removing party at the time of filing the notice of removal or within five (5) days of the filing of the notice of removal in the U.S. District Court. ***Note:*** Additional sheets may be used as necessary.

**I. State Court Information**

Identify the court from which the case is being removed. Court:

Specify the number assigned to the case in that court. Number:

**II. Style of the Case**

Include all termed/dismissed and pending Plaintiff(s), Defendant(s), Intervenor(s), Counter-Claimant(s), Counter-Defendant(s), Cross-Claimant(s), Cross-Defendant(s), Third-Party Plaintiff(s), and Third-Party Defendant(s). Indicate the party type and the attorney(s) of record for each party.

Attorney(s) of Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Party(ies) |  | Party Type |  | (OBA #, Law Firm & Address, 10-Digit Phone #) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**III. Jury Demand**

Was a Jury Demand made in State Court?  Yes  Yes, but rescinded  No

|  |  |  |
| --- | --- | --- |
| Requesting Party(ies) |  | Date of Request |
|  |  |  |
|  |  |  |
|  |  |  |

**IV. Complaints, Counter-Claims, Cross-Claims, Third Party Complaints, and Intervenor Complaints**

List all complaint-type documents (Complaints, Amended Complaints, Counter-Claims, Amended Counter-Claims, Cross-Claims, Amended Cross-Claims, Third-Party Complaints, Amended Third-Party Complaints, Intervenor Complaints, and Amended Intervenor Complaints) filed in State Court. Indicate filing party(ies), against whom, and date filed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Complaint-Type Document(s) |  | Filing Party(ies) |  | Against Whom |  | Date Filed |
|  |  |  |  |  |  |  |
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**V. Unserved Parties**

List parties not served at time of case removal.

|  |  |  |
| --- | --- | --- |
| Unserved Party(ies) |  | Reason(s) for No Service |
|  |  |  |
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**VI. Answer**

Was an Answer made in State Court? Yes  No

If **Yes**, indicate document answered, filing party(ies), and date filed.

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| --- | --- | --- | --- | --- |
| Document Answered |  | Filing Party(ies) |  | Date Filed |
|  |  |  |  |  |
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|  |  |  |  |  |

**VII. Nonsuited, Dismissed or Terminated Parties**

List party(ies) nonsuited, dismissed or terminated from the State Court action. Indicate date of termination/dismissal.

|  |  |  |
| --- | --- | --- |
| Nonsuited, Dismissed or Terminated Party(ies) |  | Date Terminated/Dismissed |
|  |  |  |
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**VIII. Remaining Claims of the Parties**

List all pending complaint-type documents from Section IV. Indicate filing party(ies), against whom and date filed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pending Complaint-Type Document(s) |  | Filing Party(ies) |  | Against Whom |  | Date Filed |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**IX. Pending Motions**

List all contested pending motions. Indicate filing party(ies) and date filed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pending Motions |  | Filing Party(ies) |  | Date Filed |
|  |  |  |  |  |
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|  |  |  |  |  |
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|  |  |
| --- | --- |
| Removing Party(ies): |  |
| Attorney Signature: |  |
| Printed Name: |  |
| OBA Number: |  |
| Law Firm: |  |
| Address: |  |
| City, State, Zip Code: |  |
| 10-Digit Phone Number: |  |
| Facsimile: |  |
| Email Address: |  |

**CERTIFICATE OF SERVICE**

I hereby certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_ (Date), I electronically transmitted the foregoing document to the Clerk of Court using the ECF System for filing and transmittal of a Notice of Electronic Filing to the following ECF registrants:

Name(s) Only:

I hereby certify that on \_\_\_\_\_\_\_\_\_\_\_\_ (Date), I served the same document by:

U.S. Postal Service  In-Person Delivery  Courier Service  Email

on the following, who are not registered participants of the ECF System:

Name(s) and Address(es):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature