

Single / DB

Senior Citizen

Age

CODING SHEET

High Court of Judicature at Madras

CRIMINAL SIDE

(to be filled by the Registry)

Case Type No of Date of filing

d	d	m	m	y	y	y	y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S.R. No. Date of Presentation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(To be filled by the Appellant/Petitioner in Block Ink)

Previously filed Application, if any and Date of Disposal

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Appellant / Petitioner _____

Respondent / Respondent _____

Counsel for Appellant / Petitioner _____

Counsel for Respondent _____

Subject matter / Act

Subject / Category Code

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Connected / Previous / Covered case, if any Type No of

Appellant in

Jail	Bail
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Lower Court Case Type No of

Date of Judgement

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name of the Lower Court and District

Crime No. of of _____ Police Station

In Cases of HCP

Name of the Detaining Authority: District Collector / Commissioner of Police

H.C.P.

Non-Statutory

 /

Statutory

Passing Officer _____ Counsel for Petitioner / Appellant _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

d	d	m	m	y	y	y	y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Court Officer / PA

Single / DB
 Senior Citizen
 Age

CODING SHEET
High Court of Judicature at Madras
CRIMINAL SIDE
(to be filled by the Registry)

Case Type No of Date of filing

d	d	m	m	y	y	y	y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 D. No. Date of Presentation

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(To be filled by the Appellant/Petitioner in Block Ink)

Plaintiff / Petitioner / Applicant _____

Defendant / Respondent / Contemner _____

Plaintiff / Petitioner / Applicant Counsel _____

Defendant / Respondent / Contemner Counsel _____

Value of the Suit Court Fee

Subject matter / Act

Subject / Category Code

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Connected / Previous / Covered case, if any Type No of

Order violated and Date of order (For Contempt Petition) Type No

d	d	m	m	y	y	y	y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passing Officer _____ Counsel for Plaintiff / Petitioner / Applicant _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

d	d	m	m	y	y	y	y
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Court Officer / PA

Single / DB
Senior Citizen
Age

CODING SHEET

High Court of Judicature at Madras

ORIGINAL SIDE / REVIEW APPLICATION

(to be filled by the Registry)

Case Type Rev. Appln. No of Date of filing

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S.R. No. Date of Presentation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(To be filled by the Appellant/Petitioner in Block Ink)

Petitioner _____
Respondent _____
Petitioner Counsel _____
Respondent Counsel _____
Value of the Suit Court Fee
Subject matter / Act
Subject / Category Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Order Sought to be Reviewed _____
Year _____ Case Type _____ No _____
By _____ Date of Judgement _____

Passing Officer _____ Counsel for Plaintiff / Petitioner / Applicant _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____
Date of Disposal

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Court Officer / PA

Single / DB
 Senior Citizen
 Age

CODING SHEET

High Court of Judicature at Madras

APPELLATE SIDE
(to be filled by the Registry)

Case Type No of Date of filing

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 S.R. No. Date of Presentation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(To be filled by the Appellant/Petitioner in Block Ink)

Caveat No. and Year, if any _____ Name of the Caveator Counsel _____

Petitioner / Appellant _____

Respondent / Respondent _____

Counsel for Petitioner / Appellant _____

Counsel for Respondent _____

Value of the Suit Court Fee

Subject matter / Act

Subject / Category Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Nature of Claim

Connected / Previous / Covered case, if any Type No of

Lower Court Details

Trial Court : Type _____ No _____ Year _____
 Date of Judgement _____

Lower Appellate Court : Type _____ No _____ Year _____
 Date of Judgement _____

Passing Officer _____ Counsel for Appellant / Petitioner / Party in Person _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Court Officer / PA

Single / DB
Senior Citizen
Age

CODING SHEET

High Court of Judicature at Madras

APPELLATE SIDE / REVIEW APPLICATION

(to be filled by the Registry)

Case Type No of Date of filing

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S.R. No. Date of Presentation

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(To be filled by the Appellant/Petitioner in Block Ink)

Caveat No. and Year, if any _____ Name of the Caveator Counsel _____

Petitioner _____

Respondent _____

Counsel for Petitioner _____

Counsel for Respondent _____

Value of the Suit Court Fee

Subject / Category Code

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 Value of Main Case

Court Fee Paid

Order Sought to be Reviewed

Trial Court : Case Type _____ No _____ Year _____
Date of Judgement _____ By _____

Passing Officer _____ Counsel for Petitioner / Petitioner _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

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Court Officer / PA

Single / DB
 Senior Citizen
 Age

CODING SHEET

High Court of Judicature at Madras

APPELLATE SIDE / CROSS OBJECTION

(to be filled by the Registry)

Case Type No of Date of filing

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 SR. No. Main Case No of Date of Presentation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(To be filled by the Appellant/Petitioner in Block Ink)

Caveat No. and Year, if any _____ Name of the Caveator Counsel _____

Cross Objector / Respondent _____

Respondent / Appellant _____

Counsel for Cross Objector _____

Counsel for Respondent _____

Value of the Appeal Rs Value of Cross Objection Court Fee

Subject matter / Act

Subject / Category Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Date of Service of Notice

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Passing Officer _____ Counsel for Cross Objector / Cross Objector _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

d	d	m	m	y	y	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Court Officer / PA

Single / DB

Senior Citizen

Age

CODING SHEET

High Court of Judicature at Madras

CAVEAT – ORIGINAL SIDE

(to be filled by the Registry)

Caveat No. Year Date of filing

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d d m m y y y y

D. No. Date of Presentation

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(To be filled by the Appellant/Petitioner in Block Ink)

Applicant / Respondent _____

Expected Category _____

Caveator Counsel _____

Petitioner Counsel _____

Subject Matter / Act

Subject / Category Code

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Connected / Previous / Covered case, if any Type No of

Passing Officer

Caveator / Counsel for Caveator

Single / DB
Senior Citizen
Age

CODING SHEET

High Court of Judicature at Madras

CAVEAT – APPELLATE SIDE

(to be filled by the Registry)

Caveat No. Year Date of filing

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S.R. No. Date of Presentation

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(To be filled by the Appellant/Petitioner in Block Ink)

Applicant / Respondent _____

Expected Category _____

Caveator Counsel _____

Petitioner Counsel _____

Subject Matter / Act

Subject / Category Code

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Connected / Previous / Covered case, if any Type No of

Lower Court Details (in case of Appeals / Second Appeal / CRPs)

Trial Court : Type _____ No. _____ Year _____
Date of Judgement _____

Passing Officer

Caveator / Counsel for Caveator

Single / DB
Senior Citizen
Age

CODING SHEET

High Court of Judicature at Madras

WRIT SIDE

(to be filled by the Registry)

Case Type No of Date of filing

d	d	m	m	y	y	y	y

S.R. No. Date of Presentation

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(To be filled by the Appellant/Petitioner in Block Ink)

Petitioner _____
Respondent _____
Petitioner Counsel _____
Respondent Counsel _____
Subject matter / Act
Subject / Category Code

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Connected / Previous / Covered case, if any Type No of

Passing Officer _____ Counsel for Petitioner _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

d	d	m	m	y	y	y	y

Court Officer / PA

Single / DB
Senior Citizen

Age

CODING SHEET

High Court of Judicature at Madras

WRIT SIDE / REVIEW APPLICATION

(to be filled by the Registry)

Case Type No of Date of filing

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S.R. No. Date of Presentation

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(To be filled by the Appellant/Petitioner in Block Ink)

Petitioner _____
Respondent _____
Petitioner Counsel _____
Respondent Counsel _____
Subject matter / Act
Subject / Category Code

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Order Sought to be Reviewed

Case Type _____ No _____ Year _____
Date of Judgement _____ by _____

Passing Officer _____ Counsel for Petitioner _____

(To be filled by the Court Officer / PA concerned in Court itself in Red Ink)

Nature of Disposal _____ By _____

Date of Disposal

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Court Officer / PA

