

Civil Case Cover Sheet

Cause Number (for clerk use only): _____

Court (for clerk use only): _____

A civil case information sheet should be completed and submitted when an original petition or application is filed to initiate a new civil or family law case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing Case information sheet:		Names of parties in case:		Person or entity completing sheet is:
Name _____	Telephone _____	Plaintiff(s)/Petitioner(s) _____ _____		<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> <i>Pro Se</i> Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other _____
Address _____	Fax _____	Defendant(s)/Respondent(s) _____ _____		
City/State/Zip _____	State Bar No. _____	_____ _____		
Signature _____		_____ _____		
<i>[Attach additional page as necessary to list all parties]</i>				
2. Indicate case type or identify the most important issue in the case (check only 1):				
CONTRACT	INJURY OR DAMAGE	OTHER CIVIL	EMPLOYMENT	
Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity-Expedited <input type="checkbox"/> Other foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Personal Injury or Damage: _____	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other _____ <div style="text-align: center; border: 1px solid black; padding: 2px;">TAX</div> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Other Employment: _____ <div style="text-align: center; border: 1px solid black; padding: 2px;">RELATED TO CRIMINAL MATTERS</div> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of habeas corpus - Pre-indictment <input type="checkbox"/> Other: _____	
REAL PROPERTY				
<input type="checkbox"/> Eminent domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____				
3. Indicate procedure or remedy, if applicable (may select more than 1):				
<input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License	<input type="checkbox"/> Mandamus <input type="checkbox"/> Sequestration <input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Post-Judgment	<input type="checkbox"/> TRO/Injunction <input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Turnover <input type="checkbox"/> Receiver <input type="checkbox"/> Post Judgment	
4. Indicate damages sought (do not select if it is a family law case):				
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000				

SEE REVERSE SIDE FOR SERVICE INFORMATION

REQUEST FOR SERVICE(S)

Instrument to be issued	Service type	Party to serve
<input type="checkbox"/> Citation <input type="checkbox"/> Precept <input type="checkbox"/> Show Cause <input type="checkbox"/> TRO <input type="checkbox"/> Other _____	<input type="checkbox"/> Sheriff <input type="checkbox"/> Certified Mail <input type="checkbox"/> Private Process Server _____ <input type="checkbox"/> Constable <input type="checkbox"/> Secretary of State <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> Other _____	Name _____ Address _____ City/State/Zip _____

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ATTACH EXTRA PAGE(S) AS NEEDED TO LIST ADDITIONAL PARTIES TO BE SERVED