

# CIVIL/FAMILY CASE COVER SHEET

CAUSE NUMBER: \_\_\_\_\_ COURT \_\_\_\_\_

**PROPOSED**

STYLED \_\_\_\_\_

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the matter of the Estate of George Jackson)

This cover sheet should be completed and filed with the original petition or, in a family law case, when a petition for modification or enforcement is filed. The information should be the best available at the time of filing, understanding that the information may change before trial. This information does not constitute a discovery request, response, or supplementation, and is not admissible at trial.

<b>1. Contact information for person completing case information sheet:</b>  Name: _____ Email: _____  Address: _____ Telephone: _____  City/State/Zip: _____ Fax: _____  Signature: _____ State Bar No: _____		<b>Names of parties in case:</b> Plaintiff(s)/Petitioner(s): _____  Defendant(s)/Respondent(s): _____  [Attach additional page as necessary to list all parties]		<b>Person completing cover sheet is:</b> <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Plaintiff/Petitioner  <b>Discovery Level</b> <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		<b>Service Type</b> <input type="checkbox"/> Certified Mail <input type="checkbox"/> None <input type="checkbox"/> Personal Service <input type="checkbox"/> Posting <input type="checkbox"/> Publication <input type="checkbox"/> Waiver of Service to be filed			
<b>2. Indicate case type, or identify the most important issue in the case (select only 1):</b>									
<b>Civil</b>				<b>Family Law</b>					
<b>Contract</b> <i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract:  <i>Foreclosure</i> <input type="checkbox"/> Home Equity – Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____		<b>Injury or Damage</b> <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 <input type="checkbox"/> Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____		<b>Real Property</b> <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: _____  <b>Related to Criminal Matters</b> <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: _____		<b>Marriage Relationship</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children  <b>Other Family Law</b> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____		<b>Post-judgment Actions (non Title IV-D)</b> <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other  <b>Title IV-D</b> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Parentage <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order	
<b>Employment</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Employment: _____		<b>Other Civil</b> <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: _____		<b>Tax</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax		<b>Parent-Child Relationship</b> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____		<b>Family Law Case Management (complete if family law case):</b> <input type="checkbox"/> Uncontested (finalized within 6 months of filing) <input type="checkbox"/> Contested (finalized within 1 year of filing)  Requested Temporary Hearing <input type="checkbox"/> None <input type="checkbox"/> TRO Only <input type="checkbox"/> Temporary Orders Only <input type="checkbox"/> TRO & Temporary Orders  Estimated Length of Temporary Hearing <input type="checkbox"/> <30 Minutes <input type="checkbox"/> 30-60 Minutes <input type="checkbox"/> 1-2 Hours <input type="checkbox"/> ½ Day	
<b>Probate &amp; Mental Health</b>				<b>4. Indicate procedure or remedy, if applicable (may select more than 1):</b>					
<input type="checkbox"/> Guardianship – Adult <input type="checkbox"/> Guardianship – Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____		<i>Probate/Wills/Intestate Admin</i> <input type="checkbox"/> Dependent Admin <input type="checkbox"/> Independent Admin <input type="checkbox"/> Other Estate Proceedings		<input type="checkbox"/> Appeal from Municipal/Justice Court <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"/> Post-Judgment <input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> TRO/Injunction <input type="checkbox"/> Turnover			
<b>3. Has this case been previously filed, or does it relate to a case previously filed, in this county, or in another county or state?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, in this county; Court: _____ Cause # _____ <input type="checkbox"/> Yes, in another county or state; County: _____ State: _____ Cause # _____									



# DISTRICT CIVIL CASE COVER SHEET

COURT: \_\_\_\_\_

CAUSE NUMBER: \_\_\_\_\_

This Civil Cover Sheet should be completed and filed with the original petition. The information should be the best available at the time of filing, understanding that the information may change before trial.

This information does not constitute a discovery request, response, or supplementation, and is not admissible at trial.

**1. Styled** \_\_\_\_\_

(e.g., John Smith v. All American Insurance Co.; In re Mary Ann Jones; In the matter of the Estate of George Jackson)

**2. Party filing this cover sheet:**

Check one: ☐ Attorney for Plaintiff(s) ☐ Plaintiff(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. Plaintiff(s) (list separately)**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**4. Defendant(s) (list separately)**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

[Attach additional page as necessary to list all parties.]

**5. Indicate case type (check only one):**

CONTRACT	INJURY OR DAMAGE	OTHER CIVIL	RELATED TO CRIMINAL MATTERS
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity - Expedited <input type="checkbox"/> Other Foreclosure  <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <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 <input type="checkbox"/> Product Liability List product: _____ <input type="checkbox"/> Other 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"/> Probate <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____	<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: _____
<b>EMPLOYMENT</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Employment: _____		<b>REAL PROPERTY</b> <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: _____	<b>TAX</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____

**6. Indicate procedure or remedy, if applicable (may select more than one):**

<input type="checkbox"/> Attachment	<input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Mandamus	<input type="checkbox"/> Receiver
<input type="checkbox"/> Bill of Review	<input type="checkbox"/> Garnishment	<input type="checkbox"/> Post-Judgment	<input type="checkbox"/> Sequestration
<input type="checkbox"/> Certiorari	<input type="checkbox"/> Interpleader	<input type="checkbox"/> Prejudgment Remedy	<input type="checkbox"/> TRO/Injunction
<input type="checkbox"/> Class Action	<input type="checkbox"/> License		<input type="checkbox"/> Turnover

**7. Has this case been previously filed, or does it relate to a case previously filed, in this county, or in another county or state?**

☐ No

☐ Yes, in this county: Court: \_\_\_\_\_ Cause #: \_\_\_\_\_

☐ Yes, in another county or state:

County: \_\_\_\_\_ State: \_\_\_\_\_ Cause #: \_\_\_\_\_

**8. Level of Discovery:**

☐ Level 1 ☐ Level 2 ☐ Level 3



# COUNTY-LEVEL COURT CIVIL CASE COVER SHEET

COURT: \_\_\_\_\_

CAUSE NUMBER: \_\_\_\_\_

This Civil Cover Sheet should be completed and filed with the original petition. The information should be the best available at the time of filing, understanding that the information may change before trial.

This information does not constitute a discovery request, response, or supplementation, and is not admissible at trial.

**1. Styled** \_\_\_\_\_

(e.g., John Smith v. All American Insurance Co.; In re Mary Ann Jones; In the matter of the Estate of George Jackson)

**2. Party filing this cover sheet:**

Check one: ☐ Attorney for Plaintiff(s) ☐ Plaintiff(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Signature: \_\_\_\_\_

**3. Plaintiff(s) (list separately)**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**4. Defendant(s) (list separately)**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

[Attach additional page as necessary to list all parties.]

**5. Indicate case type (check only one):**

CONTRACT	INJURY OR DAMAGE	OTHER CIVIL	REAL PROPERTY
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/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"/> 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: _____	<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: _____
<i>Foreclosure</i> <input type="checkbox"/> Home Equity - Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability List product: _____ <input type="checkbox"/> Other Injury or Damage: _____		<b>RELATED TO CRIMINAL MATTERS</b> <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: _____
<b>EMPLOYMENT</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Other Employment: _____		<b>PROBATE &amp; MENTAL HEALTH</b> <input type="checkbox"/> Guardianship – Adult <input type="checkbox"/> Guardianship – Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Probate/Wills/Intestate Administration <input type="checkbox"/> Other: _____	<b>TAX</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax: _____

**6. Indicate procedure or remedy, if applicable (may select more than one):**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Appeal from municipal/justice court | <input type="checkbox"/> Class Action         | <input type="checkbox"/> License            | <input type="checkbox"/> Receiver       |
| <input type="checkbox"/> Attachment                          | <input type="checkbox"/> Declaratory Judgment | <input type="checkbox"/> Mandamus           | <input type="checkbox"/> Sequestration  |
| <input type="checkbox"/> Bill of Review                      | <input type="checkbox"/> Garnishment          | <input type="checkbox"/> Post-Judgment      | <input type="checkbox"/> TRO/Injunction |
| <input type="checkbox"/> Certiorari                          | <input type="checkbox"/> Interpleader         | <input type="checkbox"/> Prejudgment Remedy | <input type="checkbox"/> Turnover       |

**7. Has this case been previously filed, or does it relate to a case previously filed, in this county, or in another county or state?**

☐ No

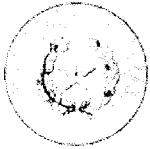
☐ Yes, in this county: Court: \_\_\_\_\_ Cause #: \_\_\_\_\_

☐ Yes, in another county or state:

County: \_\_\_\_\_ State: \_\_\_\_\_ Cause #: \_\_\_\_\_

**8. Level of Discovery:**

☐ Level 1 ☐ Level 2 ☐ Level 3



# FAMILY CASE COVER SHEET

COURT

CAUSE NUMBER: \_\_\_\_\_

This Family Cover Sheet should be completed and filed with an original petition or motion for modification or enforcement of final order. The information should be the best available at the time of filing, understanding that the information may change before trial.

This information does not constitute a discovery request, response, or supplementation, and is not admissible at trial.

## 1. Styled \_\_\_\_\_

(e.g., John Smith v. Jane Doe; In re Mary Ann Jones; In the Interest of J.G., M.G., and K.G., Children)

## 2. Party filing this cover sheet:

Check one: ☐ Attorney for Petitioner(s) ☐ Petitioner(s)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

State Bar No.: \_\_\_\_\_

Signature: \_\_\_\_\_

## 3. Respondent(s) (list separately):

a. \_\_\_\_\_

b. \_\_\_\_\_

## 4. Child(ren):

Name (use initials ONLY): \_\_\_\_\_

Minor? ☐ Yes ☐ No

Name (use initials ONLY): \_\_\_\_\_

Minor? ☐ Yes ☐ No

Name (use initials ONLY): \_\_\_\_\_

Minor? ☐ Yes ☐ No

Attach additional pages as necessary to list all parties.

## 5. Indicate case type (check only one):

### MARRIAGE RELATIONSHIP

- ☐ Annulment  
☐ Declare Marriage Void  
*Divorce*  
☐ With Children  
☐ No Children

### OTHER FAMILY LAW

- ☐ Enforce Foreign Judgment  
☐ Habeas Corpus  
☐ Name Change  
☐ Protective Order  
☐ Removal of Disabilities of Minority  
☐ Other: \_\_\_\_\_

### PARENT-CHILD RELATIONSHIP

- ☐ Adoption/Adoption with Termination  
☐ Child Protection  
☐ Child Support  
☐ Custody or Visitation  
☐ Gestational Parenting  
☐ Grandparent Access  
☐ Parentage  
☐ Termination of Parental Rights  
☐ Other Parent-Child: \_\_\_\_\_

### POST-JUDGMENT ACTIONS

- ☐ Enforcement  
☐ Modification

### TITLE IV-D

- ☐ Parentage  
☐ Reciprocals (UIFSA)  
☐ Support Order

## 6. Indicate sub-topic, if applicable:

☐ Bill of Review ☐ Declaratory Judgment ☐ Garnishment ☐ Protective Order

## 7. Has this case been previously filed, or does it relate to a case previously filed, in this county, or in another county or state?

☐ No

☐ Yes, in this county: Court: \_\_\_\_\_ Cause #: \_\_\_\_\_

☐ Yes, in another county or state: County: \_\_\_\_\_ State: \_\_\_\_\_

(If this is a **suit for adoption**, note the court, county and cause number, if known, for the termination.)

Court: \_\_\_\_\_ Cause #: \_\_\_\_\_

## 8. Case Management

- ☐ Uncontested (finalized within 6 months of filing)  
☐ Contested (finalized within 1 year of filing)

### Requested Temporary Hearing

- ☐ None ☐ TRO only  
☐ Temporary Orders Only  
☐ TRO and Temporary Orders

### Estimated Length of Temporary Hearing

- ☐ < 30 minutes ☐ ½ day  
☐ 30 minutes – 1 hours  
☐ 1 hour – 2 hours

## 9. Service Type

- ☐ Personal Service  
☐ Publication  
☐ Posting  
☐ Certified Mail  
☐ Waiver of Service to be Filed

Name and Address for service: \_\_\_\_\_