



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 Doe v. XYZ Insurance Co.; In re Jane Doe; In the matter of the Estate of John Doe)

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	REAL PROPERTY	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"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ TAX <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<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: _____ OTHER CIVIL <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
EMPLOYMENT	PROBATE & MENTAL HEALTH		
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Guardianship – Adult <input type="checkbox"/> Guardianship – Minor <input type="checkbox"/> Probate/Wills/Intestate Administration <input type="checkbox"/> Other: _____ <input type="checkbox"/> Mental Health		

6. Indicate sub-topic, if relevant:

- | | | | |
|--|---|---|---|
| <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 is it related 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



DISTRICT COURT CIVIL CASE COVER SHEET

DISTRICT 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 Doe v. XYZ Insurance Co.; In re Jane Doe; In the matter of the Estate of John Doe)

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	REAL PROPERTY	TAX
<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"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____	<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax
<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"/> 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 Personal Injury or Damage: _____	RELATED TO CRIMINAL MATTERS <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: _____	OTHER CIVIL <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: _____
EMPLOYMENT <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Other Employment: _____			

6. Indicate sub-topic, if relevant:

<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
<input type="checkbox"/> Class Action	<input type="checkbox"/> License	<input type="checkbox"/> Receiver	

7. Has this case been previously filed, or is it related 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, counterclaim, petition in intervention, or motion to modify final orders. 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 Doe v. Jane Doe; In re John Doe; In the Interest of J.G., M.G., and K.G., Children)

2. Party filing this cover sheet:

Check one: ☐ Petitioner ☐ Counter-Petitioner ☐ Intervenor
Check one: ☐ Attorney ☐ Pro Se

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	PARENT-CHILD RELATIONSHIP	TITLE IV-D
<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <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: _____	<input type="checkbox"/> Parentage <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order ALL OTHER FAMILY LAW <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: _____

6. Indicate sub-topic, if relevant:

☐ Bill of Review ☐ Garnishment ☐ Post-Judgment
☐ Declaratory Judgment ☐ Protective Order ☐ Enforcement
☐ Modification

7. Has this case been previously filed, or is it related to a case previously filed, in this county, or in another county or state?

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

☐ No
☐ Yes, in this county: Court: _____ Cause #: _____
☐ Yes, in another county or state: County: _____ State: _____
Court: _____ Cause #: _____

8. Case Management

	Requested Temporary Hearing	Estimated Length of Temporary Hearing
<input type="checkbox"/> Uncontested (finalized within 6 months of filing) <input type="checkbox"/> Contested (finalized within 1 year of filing)	<input type="checkbox"/> None <input type="checkbox"/> TRO only <input type="checkbox"/> Temporary Orders Only <input type="checkbox"/> TRO and Temporary Orders	<input type="checkbox"/> < 30 minutes <input type="checkbox"/> ½ day <input type="checkbox"/> 30 minutes – 1 hours <input type="checkbox"/> 1 hour – 2 hours

9. Service Type

	Name and Address for service:
<input type="checkbox"/> Personal Service <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> Certified Mail <input type="checkbox"/> Waiver of Service to be Filed	