

# CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

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

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health 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: _____ Email: _____	Plaintiff(s)/Petitioner(s): _____	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____
Address: _____ Telephone: _____	Defendant(s)/Respondent(s): _____	
City/State/Zip: _____ Fax: _____		Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
Signature: _____ State Bar No: _____		
[Attach additional page as necessary to list all parties]		

2. Indicate case type, or identify the most important issue in the case (select only 1):															
Civil	Family Law														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Contract</th> <th style="width: 33%;">Injury or Damage</th> <th style="width: 33%;">Real Property</th> </tr> <tr> <td>                     Debt/Contract DEBT  <input type="checkbox"/> Consumer/DTPA  <input type="checkbox"/> Debt/Contract  <input type="checkbox"/> Fraud/Misrepresentation  <input type="checkbox"/> Other Debt/Contract: _____                       Foreclosure OCON  <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: _____                 </td> <td> <input type="checkbox"/> Assault/Battery DAM  <input type="checkbox"/> Construction DAM  <input type="checkbox"/> Defamation DAM  <i>Malpractice</i>  <input type="checkbox"/> Accounting OMAL  <input type="checkbox"/> Legal OMAL  <input type="checkbox"/> Medical MEDM  <input type="checkbox"/> Other Professional                      Liability: OMAL _____  <input type="checkbox"/> Motor Vehicle Accident DAPI  <input type="checkbox"/> Premises DAPI  <i>Product Liability</i>  <input type="checkbox"/> Asbestos/Silica PLA  <input type="checkbox"/> Other Product Liability                      List Product: OPL _____  <input type="checkbox"/> Other Injury or Damage: DAM _____                 </td> <td> <input type="checkbox"/> Eminent Domain/Condemnation EMD  <input type="checkbox"/> Partition ORP  <input type="checkbox"/> Quiet Title ORP  <input type="checkbox"/> Trespass to Try Title ORP  <input type="checkbox"/> Other Property: ORP _____   <b>Related to Criminal Matters</b>  <input type="checkbox"/> Expunction EXPN  <input type="checkbox"/> Extradition BRDC  <input type="checkbox"/> Judgment Nisi CFOR  <input type="checkbox"/> Occupational Lic CVCM  <input type="checkbox"/> Non-Disclosure NDF  <input type="checkbox"/> Seizure/Forfeiture FORF  <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment WRTP  <input type="checkbox"/> Other: _____ CVCM                 </td> </tr> </table>	Contract	Injury or Damage	Real Property	Debt/Contract DEBT <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  Foreclosure OCON <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 DAM <input type="checkbox"/> Construction DAM <input type="checkbox"/> Defamation DAM <i>Malpractice</i> <input type="checkbox"/> Accounting OMAL <input type="checkbox"/> Legal OMAL <input type="checkbox"/> Medical MEDM <input type="checkbox"/> Other Professional Liability: OMAL _____ <input type="checkbox"/> Motor Vehicle Accident DAPI <input type="checkbox"/> Premises DAPI <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica PLA <input type="checkbox"/> Other Product Liability List Product: OPL _____ <input type="checkbox"/> Other Injury or Damage: DAM _____	<input type="checkbox"/> Eminent Domain/Condemnation EMD <input type="checkbox"/> Partition ORP <input type="checkbox"/> Quiet Title ORP <input type="checkbox"/> Trespass to Try Title ORP <input type="checkbox"/> Other Property: ORP _____  <b>Related to Criminal Matters</b> <input type="checkbox"/> Expunction EXPN <input type="checkbox"/> Extradition BRDC <input type="checkbox"/> Judgment Nisi CFOR <input type="checkbox"/> Occupational Lic CVCM <input type="checkbox"/> Non-Disclosure NDF <input type="checkbox"/> Seizure/Forfeiture FORF <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment WRTP <input type="checkbox"/> Other: _____ CVCM	<table border="1" style="width: 100%; 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3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court CA <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review BR <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment DJ <input type="checkbox"/> Garnishment WG <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 SQ <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover TO

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