

CIVIL CASE INFORMATION STATEMENT
(Civil Cases Other than Domestic Relations)

I. CASE STYLE:

Case No. _____

Plaintiff(s)

Judge: _____

vs.

Days to
Answer

Type of Service

Defendant(s)

Name

Street Address

City, State, Zip Code

II. TYPE OF CASE:

- | | |
|--|---|
| <input type="checkbox"/> General Civil | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Mass Litigation [As defined in T.C.R. 26.04(a)] | <input type="checkbox"/> Administrative Agency Appeal |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Civil Appeal from Magistrate Court |
| <input type="checkbox"/> FELA Asbestos | <input type="checkbox"/> Miscellaneous Civil Petition |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Mental Hygiene |
| <input type="checkbox"/> Habeas Corpus/Other Extraordinary Writ | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medical Malpractice |

III. JURY DEMAND: Yes No CASE WILL BE READY FOR TRIAL BY (Month/Year): ____ / ____ / ____

IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS?

IF YES, PLEASE SPECIFY:

Yes No

- Wheelchair accessible hearing room and other facilities
- Reader or other auxiliary aid for the visually impaired
- Interpreter or other auxiliary aid for the deaf and hard of hearing
- Spokesperson or other auxiliary aid for the speech impaired
- Foreign language interpreter-specify language: _____
- Other: _____

Attorney Name: _____
Firm: _____
Address: _____
Telephone: _____

Representing:
 Plaintiff Defendant
 Cross-Defendant Cross-Complainant
 3rd-Party Plaintiff 3rd-Party Defendant

Proceeding Without an Attorney

Original and _____ copies of complaint enclosed/attached.

Dated: ____ / ____ / ____

Signature: _____

Plaintiff: _____

Case Number: _____

vs.

Defendant: _____

**CIVIL CASE INFORMATION STATEMENT
DEFENDANT(S) CONTINUATION PAGE**

Defendant's Name _____

Street Address _____

City, State, Zip Code _____

Days to Answer: _____

Type of Service: _____

Defendant's Name _____

Street Address _____

City, State, Zip Code _____

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Type of Service: _____

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