

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

I. CASE STYLE:

Case No. _____

Plaintiff(s) _____

Judge: _____

Plaintiff's Phone: _____

vs.

Defendant(s) _____

Days to
Answer

Type of Service

Name _____

Defendant's Phone: _____

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?**

☐ Yes ☐ No

IF YES, PLEASE SPECIFY:

- ☐ 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: _____

Representing:

Firm: _____

☐ Plaintiff ☐ Defendant

Address: _____

☐ Cross-Defendant ☐ Cross-Complainant

Telephone: _____

☐ 3rd-Party Plaintiff ☐ 3rd-Party Defendant

☐ **Proceeding Without an Attorney**

Original and _____ copies of complaint enclosed/attached.

Dated: _____

Signature: _____

Plaintiff: _____, *et al* **Case Number:** _____

vs.

Defendant: _____, *et al*

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

Defendant's Name _____ Defendant's Phone: _____

Street Address _____ Days to Answer: _____

City, State, Zip Code _____ Type of Service: _____

Defendant's Name _____ Defendant's Phone: _____

Street Address _____ Days to Answer: _____

City, State, Zip Code _____ Type of Service: _____

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