

**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:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**vs.**

**Defendant:** \_\_\_\_\_

**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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Defendant's Name \_\_\_\_\_ Defendant's Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Days to Answer: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Type of Service: \_\_\_\_\_