

**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:**

General Civil

Mass Litigation [As defined in T.C.R. 26.04(a)]

Asbestos

FELA Asbestos

Other: \_\_\_\_\_

Habeas Corpus/Other Extraordinary Writ

Other: \_\_\_\_\_

Adoption

Administrative Agency Appeal

Civil Appeal from Magistrate Court

Miscellaneous Civil Petition Mental

Hygiene

Guardianship

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: \_\_\_\_\_

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:** \_\_\_\_\_, *et al* **Case Number:** \_\_\_\_\_

**vs.**

**Defendant:** \_\_\_\_\_, *et al*

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

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

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

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

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

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

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