

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

I. CASE STYLE: Case No. _____

Plaintiff(s) Judge: _____

Plaintiff's Phone: _____

vs. Days to Answer Type of Service
Defendant(s) _____

Name _____

Street Address _____

City, State, Zip Code _____

II. TYPE OF CASE:

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