



COUNTY-LEVEL COURT CIVIL CASE COVER SHEET

This Civil Cover Sheet should be completed and filed with the original petition. The information should be the best available at the time of filing, understanding that the information may change before trial.

This information does not constitute a discovery request, response, or supplementation, and is not admissible at trial.

1. **Style of Case:** _____ Pl aintiff(s)
Vs.
_____ Defendant(s)

2. Party filing this cover sheet:

Check one: Attorney for Plaintiff(s) Plaintiff(s)

Name: _____
Address: _____
City/St/ZIP: _____
Telephone: _____
Fax: _____
Email: _____
State Bar No.: _____
Signature: _____

3. Plaintiff(s) (list separately)

a. _____
b. _____
c. _____

4. Defendant(s) (list separately)

a. _____
b. _____
c. _____

[Attach additional page as necessary to list all parties.]

5. Indicate case type (check only one):

CONTRACT	INJURY OR DAMAGE	REAL PROPERTY	RELATED TO CRIMINAL MATTERS
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <i>Foreclosure</i> <input type="checkbox"/> Home Equity - Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <input type="checkbox"/> Product Liability List product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ EMPLOYMENT <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of habeas corpus – pre-indictment <input type="checkbox"/> Other: _____
OTHER CIVIL	7. Case History		6. Indicate relevant sub-topic:
<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortuous Interference	Has this case been previously filed, or is it related to a case previously filed, in this county, or in another county or state? <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Appeal from municipal/justice court <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-Judgment <input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> TRO/Injunction <input type="checkbox"/> Turnover
8. Type of Service: <input type="checkbox"/> Personal Service <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> Certified Mail <input type="checkbox"/> Waiver of Service to be Filed		9. Address(es) for Service: Name: _____ Street: _____ City: _____ St: ___ Zip: _____	
		10. Level of Discovery: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	