

FAMILY CASE COVER SHEET

This Family Cover Sheet should be completed and filed with an original petition, counterclaim, petition in intervention, or motion to modify final orders. 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. Styled _____ v. _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Petitioner Respondent </div> <p>or IN THE INTEREST OF _____</p>										
2. Party filing this cover sheet: Check one: <input type="checkbox"/> Petitioner <input type="checkbox"/> Counter-Petitioner <input type="checkbox"/> Intervenor Check one: <input type="checkbox"/> Attorney <input type="checkbox"/> Pro Se Name: _____ Address: _____ City/St/ZIP: _____ Telephone: _____ Fax: _____ Email: _____ State Bar No.: _____ Signature: _____	3. Respondent(s) (list separately): a. _____ b. _____ 4. Child(ren): Name (use initials ONLY): _____ Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (use initials ONLY): _____ Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No Name (use initials ONLY): _____ Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach additional pages as necessary to list all parties.									
5. Indicate case type (check only one):										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">MARRIAGE RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children </td> </tr> </tbody> </table>	MARRIAGE RELATIONSHIP	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">PARENT-CHILD RELATIONSHIP</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____ </td> </tr> </tbody> </table>	PARENT-CHILD RELATIONSHIP	<input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 2px;">TITLE IV-D</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Parentage <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order </td> </tr> <tr> <th style="text-align: center; padding: 2px;">ALL OTHER FAMILY LAW</th> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____ </td> </tr> </tbody> </table>	TITLE IV-D	<input type="checkbox"/> Parentage <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order	ALL OTHER FAMILY LAW	<input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____
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6. Indicate sub-topic, if relevant: <input type="checkbox"/> Bill of Review <input type="checkbox"/> Garnishment <input type="checkbox"/> Enforcement <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Protective Order <input type="checkbox"/> Modification										
7. Has this case been previously filed, or is it related to a case previously filed, in this county, or in another county or state?										
(If this is a suit for adoption , note the court, county and cause number, if known, for the termination.)										
<input type="checkbox"/> No <input type="checkbox"/> Yes, in this county: Court: _____ Cause #: _____ <input type="checkbox"/> Yes, in another county or state: County: _____ State: _____ Court: _____ Cause #: _____										
8. Case Management										
<input type="checkbox"/> Uncontested (finalized within 6 months of filing) <input type="checkbox"/> Contested (finalized within 1 year of filing)	Requested Temporary Hearing <input type="checkbox"/> None <input type="checkbox"/> TRO only <input type="checkbox"/> Temporary Orders Only <input type="checkbox"/> TRO and Temporary Orders	Estimated Length of Temporary Hearing <input type="checkbox"/> < 30 minutes <input type="checkbox"/> ½ day <input type="checkbox"/> 30 minutes – 1 hours <input type="checkbox"/> 1 hour – 2 hours								
9. Service Type										
<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	Name and Address for service:									