



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. _____
Petitioner Respondent
or **IN THE INTEREST OF** _____

2. Party filing this cover sheet:

Check one: Petitioner Counter-Petitioner Intervenor
Check one: Attorney 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? Yes No

Name (use initials ONLY): _____
Minor? Yes No

Name (use initials ONLY): _____
Minor? Yes No

Attach additional pages as necessary to list all parties.

5. Indicate case type (check only one):

MARRIAGE RELATIONSHIP	PARENT-CHILD RELATIONSHIP	TITLE IV-D
<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children	<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: _____	<input type="checkbox"/> Parentage <input type="checkbox"/> Reciprocals (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: _____

6. Indicate sub-topic, if relevant:

Bill of Review Garnishment Enforcement
 Declaratory Judgment Protective Order 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.)

No
 Yes, in this county: Court: _____ Cause #: _____
 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
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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:
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