

District Court Civil Case Cover Sheet

_____ District Court Cause Number: _____

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. Styled _____ v. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Plaintiff Defendant </div>			
2. Indicate case type (check only one):			
CONTRACT Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity-Expedited <input type="checkbox"/> Other foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____ REAL PROPERTY <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: _____	INJURY OR DAMAGE <input type="checkbox"/> Assault/Battery (S016) <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <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 Personal Injury or Damage: _____	OTHER CIVIL <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 <input type="checkbox"/> Other: _____ TAX <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	EMPLOYMENT <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Other Employment: _____ RELATED TO CRIMINAL MATTERS <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: _____
3. Indicate sub-topic, if relevant: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Attachment</div> <div style="width: 25%;"><input type="checkbox"/> Declaratory Judgment</div> <div style="width: 25%;"><input type="checkbox"/> Mandamus</div> <div style="width: 25%;"><input type="checkbox"/> Sequestration</div> <div style="width: 25%;"><input type="checkbox"/> Bill of Review</div> <div style="width: 25%;"><input type="checkbox"/> Garnishment</div> <div style="width: 25%;"><input type="checkbox"/> Post-Judgment</div> <div style="width: 25%;"><input type="checkbox"/> TRO/Injunction</div> <div style="width: 25%;"><input type="checkbox"/> Certiorari</div> <div style="width: 25%;"><input type="checkbox"/> Interpleader</div> <div style="width: 25%;"><input type="checkbox"/> Prejudgment Remedy</div> <div style="width: 25%;"><input type="checkbox"/> Turnover</div> <div style="width: 25%;"><input type="checkbox"/> Class Action</div> <div style="width: 25%;"><input type="checkbox"/> License</div> <div style="width: 25%;"><input type="checkbox"/> Receiver</div> </div>			
4. 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, in this county: Court: _____ Cause #: _____ <input type="checkbox"/> Yes, in another county or state: County: _____ State: _____ Cause #: _____	
5. Level of Discovery <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3			
6. Instrument Filed <input type="checkbox"/> Original Petition <input type="checkbox"/> Amended Petition <input type="checkbox"/> Motion to Modify <input type="checkbox"/> Motion to _____ <input type="checkbox"/> Order to Set Hearing/ Notice of hearing <input type="checkbox"/> Order to Appear/Show-Cause <input type="checkbox"/> Temporary Restraining Order <input type="checkbox"/> Other _____	7. Instrument to be Issued <input type="checkbox"/> Citation <input type="checkbox"/> Precept <input type="checkbox"/> Show-Cause <input type="checkbox"/> TRO <input type="checkbox"/> Other _____	8. Service Type <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Sheriff</div> <div><input type="checkbox"/> Constable</div> <div><input type="checkbox"/> Certified Mail</div> </div> <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> None <input type="checkbox"/> Other _____ <input type="checkbox"/> Secretary of State <input type="checkbox"/> Private Process Server _____	
9. Party to Serve Name _____ Address _____ City/State/Zip _____		10. Person Completing Cover Sheet Is: <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Self Represented Name _____ Address _____ City/State/Zip _____ Phone No. _____ State Bar No. _____	