

Family Case Cover Sheet

_____ 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):			
MARRIAGE RELATIONSHIP <input type="checkbox"/> Annulment <input type="checkbox"/> With Children <input type="checkbox"/> Without Children <input type="checkbox"/> Declare Marriage Void <input type="checkbox"/> With Children <input type="checkbox"/> Without Children <input type="checkbox"/> Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children	PARENT-CHILD RELATIONSHIP <input type="checkbox"/> Adoption (Child)/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 _____	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"/> Adoption (Adult) <input type="checkbox"/> Other _____
3. Indicate sub-topic, if relevant:			
<input type="checkbox"/> Bill of Review <input type="checkbox"/> Declaratory Judgment	<input type="checkbox"/> Garnishment <input type="checkbox"/> Protective Order	Post-Judgment <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification	
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: _____			
(If this is a suit for adoption , note the court, county and cause number, if known, for the termination.) Court: _____ Cause #: _____			
5. Case Management			
<input type="checkbox"/> Uncontested (finalized within 6 months of filing) <input type="checkbox"/> Contested (finalized within 1 year of filing)	Request 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"/> 1/2 day <input type="checkbox"/> 30 minutes- 1 hours <input type="checkbox"/> 1 hour - 2 hours	
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 <input type="checkbox"/> Sheriff <input type="checkbox"/> Constable <input type="checkbox"/> Certified Mail <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/Petition <input type="checkbox"/> Self Represented Name _____ Address _____ City/State/Zip _____ Phone No. _____ State Bar No. _____	