Revision Date: 4/2020

CIVIL CASE INFORMATION STATEMENT (Civil Cases Other than Domestic Relations) Case No. I. CASE STYLE: Judge: Plaintiff(s) Plantiff's Phone: VS. Days to **Type of Service Defendant(s)** Answer Name Defendant's Phone: Street Address City, State, Zip Code II. TYPE OF CASE: General Civil Adoption Mass Litigation [As defined in T.C.R. 26.04(a)] Administrative Agency Appeal Asbestos Civil Appeal from Magistrate Court FELA Asbestos Miscellaneous Civil Petition Other: Mental Hygiene Habeas Corpus/Other Extraordinary Writ Guardianship Other: Medical Malpractice **III. JURY DEMAND:** Yes No CASE WILL BE READY FOR TRIAL BY (Month/Year): IF YES, PLEASE SPECIFY: IV. DO YOU OR ANY OF YOUR CLIENTS Wheelchair accessible hearing room and other facilities OR WITNESSES Reader or other auxiliary aid for the visually impaired IN THIS CASE Interpreter or other auxiliary aid for the deaf and hard of hearing **REQUIRE SPECIAL** Spokesperson or other auxiliary aid for the speech impaired ACCOMMODATIONS? Foreign language interpreter-specify language: ☐ Yes ☐ No Other: Attorney Name: Representing: Plaintiff Defendant Firm: Cross-Defendant Cross-Complainant Address: 3rd-Party Plaintiff 3rd-Party Defendant Telephone: Proceeding Without an Attorney Original and copies of complaint enclosed/attached. Signature: _____

Plaintiff:	Case Number:	
vs. Defendant:		
CIVIL CASE INFORMATION STATEMENT DEFENDANT(S) CONTINUATION PAGE		
D. C. J. d. N.	Defendant's Phone:	
Defendant's Name	Days to Answer:	
Street Address	Type of Camina	
City, State, Zip Code		
Defendant's Name	Defendant's Phone:	
Street Address	Days to Answer:	
City, State, Zip Code	Type of Service:	
	Defendant's Phone:	
Defendant's Name	Deve to Angerran	
Street Address	Type of Service:	
City, State, Zip Code		
Defendant's Name	Defendant's Phone:	
Street Address	Days to Answer:	
City, State, Zip Code	Type of Service:	
	Defendant's Phone	
Defendant's Name	Defendant's Phone:	
Street Address		
City, State, Zip Code	Type of Service:	
Defendant's Name		
	Days to Answer	
Street Address	Type of Service:	
City, State, Zip Code		
Defendant's Name		
Street Address	Days to Answer:	
City, State, Zip Code	Type of Service:	