

Family Case Cover Sheet

Cause Number (for clerk use only): _____

Court (for clerk use only): _____

A civil case information sheet should be completed and submitted when an original petition or application is filed to initiate a new civil or family law case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing Case information sheet:		Names of parties in case:		Person or entity completing sheet is:
Name _____ Telephone _____ Address _____ Fax _____ City/State/Zip _____ State Bar No. _____ Signature _____		Plaintiff(s)/Petitioner(s) _____ Defendant(s)/Respondent(s) _____ _____ _____		<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other _____ Additional Parties in Child Support Case: _____ Custodial Parent _____ Non-Custodial Parent _____ Presumed Father
2. Indicate case type or identify the most important issue in the case (check only 1):				
Marriage Relationship	Post-Judgment Actions(non-Title IV-D)	Title IV-D	Parent-Child Relationship	
<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children 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: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification - Custody <input type="checkbox"/> Modification - Other	<input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order	<input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____ _____	
Instrument filed	Service type	Party to serve		
<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 _____ 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 _____	<input type="checkbox"/> Sheriff <input type="checkbox"/> Certified Mail <input type="checkbox"/> Private Process Server _____ NAME/COMPANY <input type="checkbox"/> Constable <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> Other _____	Name _____ Address _____ _____ City/State/Zip _____		

SEE REVERSE SIDE FOR ADDITIONAL SERVICE INFORMATION

REQUEST FOR SERVICE(S)

Instrument filed	Service type	Party to serve
<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 _____	<input type="checkbox"/> Sheriff <input type="checkbox"/> Certified Mail <input type="checkbox"/> Private Process Server _____ NAME/COMPANY <input type="checkbox"/> Constable <input type="checkbox"/> Publication <input type="checkbox"/> Posting <input type="checkbox"/> Other _____	_____ Name _____ Address _____ City/State/Zip
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ATTACH EXTRA PAGE(S) AS NEEDED FOR ADDITIONAL PARTIES TO BE SERVED