

No. _____

PETITIONER _____

VS.

RESPONDENT _____

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
DALLAS COUNTY, TEXAS

FAMILY COURT FILING COVER SHEET

This form is to be filed with every Original Petition, Counterclaim, Petition in Intervention, and Motion to Modify Final Orders.

<input type="checkbox"/> Petitioner <input type="checkbox"/> Counter-Petitioner <input type="checkbox"/> Intervener <input type="checkbox"/> Pro Se Address: _____ City, State, Zip: _____ Phone #: _____ Fax #: _____ E-mail address: _____ <input type="checkbox"/> Attorney _____ Bar No.: _____ Fax #: _____ E-mail address: _____	Child(ren): Name: _____ DOB: _____ Name: _____ DOB: _____ Name: _____ DOB: _____
Signature of attorney or pro se filing this cover sheet _____ Name printed _____ Phone No. _____	

CASE TYPE

<input type="checkbox"/> Annulment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Child Support <input type="checkbox"/> Child Support Review Petition <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Declare Marriage Void <input type="checkbox"/> Divorce <input type="checkbox"/> With child(ren) <input type="checkbox"/> No children <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Gestational Parenting	<input type="checkbox"/> Grandparent Access <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Other <input type="checkbox"/> Parent/Child Relationship <input type="checkbox"/> Paternity <input type="checkbox"/> Petition for Marriage <input type="checkbox"/> Protective Order <input type="checkbox"/> Reciprocal <input type="checkbox"/> Severance
Is this case related to another case filed or disposed of in Dallas County? If yes, provide case information. Case No. _____ Court _____ Style _____	Does the case filed today involve minor children? <input type="checkbox"/> YES <input type="checkbox"/> NO

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/Address for service: _____
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CASE MANAGEMENT

Please consult each court's policies regarding final trial settings.

<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"/> TRO only <input type="checkbox"/> Temporary Orders only <input type="checkbox"/> TRO & Temporary Orders <input type="checkbox"/> None Estimated Length of Temporary Hearing <input type="checkbox"/> < 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> 1 hour - 2 hours <input type="checkbox"/> ½ day <input type="checkbox"/> full day	Estimated Length of Final Trial <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 1 day <input type="checkbox"/> 2-3 days Issue(s) for trial: _____
Discovery <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3		