

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): _____ COURT (FOR CLERK USE ONLY): _____

STYLED _____

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health 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: _____ Email: _____ Address: _____ Telephone: _____ City/State/Zip: _____ Fax: _____ Signature: _____ State Bar No: _____	Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ _____ [Attach additional page as necessary to list all parties]	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input checked="" 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 (select only 1):			
Civil		Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship
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"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <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 Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<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: _____ 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: _____	<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 checked="" type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____
			Post-judgment Actions (non-Title IV-D)
			<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocal (UIFSA) <input type="checkbox"/> Support Order
			Parent-Child Relationship
			<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: _____
Employment	Other Civil		
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<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"/> Tortious Interference <input type="checkbox"/> Other: _____	
Tax	Probate & Mental Health		
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings	<input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	

3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover

4. Indicate damages sought (do not select if it is a family law case):
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000

Cause Number: _____
(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

Name Change of:

In the _____
Court Number

District Court County Court at Law

Print current full legal name of person asking for name change. County, Texas

Petition to Change the Name of an Adult

Print your answers.

1. Discovery Level

The discovery level in this case, if needed, is Level 1.

2. Petitioner

a. My current legal name is:

First Middle Last

b. I ask the Court to change my legal name to:

First Middle Last

c. The reason I want to change my name is:

Or I am not required to provide the reason I want to change my name, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

3. Personal Information

My personal information is as follows:

a. Home address : _____
Street address

City County State ZIP code

Or I am not required to provide my home address, because I am a participant in the Office of the Attorney General's Address Confidentiality Program.

A copy of my authorization card certifying that I am a participant in the Address Confidentiality Program is attached to this Petition to Change the Name of an Adult.

b. Social Security Number: _____ Or I do not have a Social Security Number.

c. Date of birth: _____
Month Day Year

d. All drivers' license numbers issued to me during the last 10 years:

License number	State	License number	State
_____	_____	_____	_____
_____	_____	_____	_____

Or I have not had a driver's license during the last 10 years.

e. Place of birth: _____
city county state country

f. Sex listed on my birth certificate: Male Female

g. Race: _____

4. Criminal History

a. Have you ever been **charged** with a Class A or B misdemeanor or a felony? Yes No

If yes -- Write your FBI (Federal Bureau of Investigations) or SID (State Identification) number:

FBI Number _____ SID Number _____

List **all** Class A or B misdemeanors and felonies with which you have been charged, whether or not you were convicted. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

b. Have you ever been convicted of a felony? Yes No

If yes -- The court **may** order your name changed if you were pardoned or at least two years have passed since you received a certificate of discharge or completed court-ordered community supervision or juvenile probation, or if you are asking to change your name to the primary name used in your criminal history record. You must attach proof to this petition.

List all of your felony convictions here. If you need more space, attach an additional page.

Offense	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court <input type="checkbox"/> County Court

c. Are you required to register as a sex offender? Yes No

If yes – You must attach proof that you notified the appropriate local law enforcement authority of your proposed name change.

5. Request for Judgment

I believe this name change is in my interest or benefit and in the interest of the public.
I ask the Court to make an Order to change my name, and any other Orders I may be entitled to.

→ _____

Your Signature _____ Date _____

Your Printed Name _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____ Fax (if any) _____

6. Verification (Sign below. This statement must be true, because it is signed “under penalty of perjury,” and it is a crime to make a false unsworn declaration under penalty of perjury in Texas. See Texas Penal Code 37.02.)

My current legal name is _____

my date of birth is _____, and my address is:

(Street) (City) (State) Country

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County State of _____
County State

on the _____ day of _____, _____
Month Year

Declarant’s Signature (sign here)

You must attach these documents to your Petition:

- A legible and complete set of your **fingerprints** on a fingerprint card in a form acceptable to the Texas Department of Public Safety and Federal Bureau of Investigations. Write "**Exhibit**" at the top.
- If you were convicted of a felony and you were pardoned, attach proof of pardon for each conviction. Write "**Exhibit**" at the top.
- If you were convicted of a felony and it has been at least 2 years since you were discharged or completed probation or parole, attach proof that you were discharged or that you completed probation or parole for each conviction. Write "**Exhibit**" at the top.
- If you were convicted of a felony and are asking to change your name to the primary name used in your criminal history record information, attach a copy of your criminal history record.
- If you are required to register as a sex offender, attach proof that you notified the appropriate local law enforcement authority of your proposed name change. Write "**Exhibit**" at the top.
- If you are not required to provide your home address or the reason you want to change your name because you are a participant in the Office of the Attorney General's Address Confidentiality Program, attach a copy of your authorization card certifying that you are a participant in the Address Confidentiality Program. Write "**Exhibit**" at the top.

Cause Number: _____
Print court information exactly as it appears on Petition

Name Change of:

In the _____
Court Number

- District Court
 County Court at Law

Print current full legal name of person asking for name change. _____ County,
Texas

Order Changing the Name of an Adult

A hearing took place on: _____ .
Today's date

1. Appearances

The Petitioner appeared in person without an attorney.

2. Jurisdiction.

The Court finds that it has jurisdiction over this case and the Petitioner.

3. Record.

- A court reporter recorded today's hearing.
 A court reporter did not record today's hearing.

4. Findings

The Court finds that Petitioner's personal information is as follows:

a. Current legal name: _____
First Middle Last

b. Home Address: _____
Street address City County State ZIP code

Or Petitioner is not required to provide their home address because they are a participant in the Office of the Attorney General's Address Confidentiality Program.

c. Social Security Number: _____

Or Petitioner does not have a Social Security Number.

d. All driver's license numbers issued to Petitioner during the last 10 years:

Driver's License Number	State that Issued License
_____	_____
_____	_____
_____	_____
_____	_____

Or Petitioner has not had a driver's license during the last 10 years.

e. Date of birth: _____ (Month/Day/Year)

f. Place of birth: _____
City County State Country

g. Petitioner is: (Check one.) Male Female

h. Petitioner's race is: _____.

i. Petitioner: (Check one.)

- does **not** have an FBI number or SID number.
- has a Federal Bureau of Investigations (FBI) number, which is: _____.
- has a State Identification (SID) number, which is: _____.

j. Petitioner: (Check one.)

- has **not** been charged with a class A or B misdemeanor or felony.
- has** been charged with the following class A or B misdemeanors or felonies:

Offense (crime)	Case Number	County	Court Number	Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court
_____	_____	_____	_____	<input type="checkbox"/> District Court
_____	_____	_____	_____	<input type="checkbox"/> County Court

k. Petitioner: (Check one.)

- has **not** been convicted of a felony.
- has** been convicted of a felony and has been pardoned.
- has** been convicted of a felony and at least two years have passed since Petitioner received a certificate of discharge or completed court-ordered community supervision or probation.
- has** been convicted of a felony and is changing their name to the primary name used in their criminal history record information.

l. Petitioner: (Check one.)

- is **not** required to register as a sex offender.
- is** required to register as a sex offender and has submitted a Sex Offender Update Form to local law enforcement and provided proof to the Court of the submission.

m. The Petition to Change the Name of an Adult included a legible and complete copy of Petitioner's fingerprints.

n. Petitioner's change of name is in Petitioner's interest or benefit and is in the interest of the public.

5. Orders

The Court **ORDERS** that Petitioner's name is changed from:

Current name: _____
First Middle Last

to this name: _____
First Middle Last

6. Confidential Order

(Only check this box if you are a participant in the Office of the Attorney General's Address Confidentiality Program.)

Petitioner has provided a copy of an authorization card certifying in accordance with Article 58.059 of the Texas Code of Criminal Procedure that Petitioner is a participant in the Address Confidentiality Program administered by the Office of the Attorney General. The Court therefore ORDERS that this Order Changing the Name of an Adult is confidential and may not be released by the court to any person, regardless of whether Petitioner continues to participate in the address confidentiality program following the change of name.

7. Other Orders

The Court has the right to make other orders, if needed, to clarify or enforce this order. Any orders requested that do not appear above are denied.

SIGNED ON:

Date



Judge's Signature