

CAUSE # _____

§ IN THE _____ JUDICIAL DISTRICT COURT
§
VS. § OF
§

§ LUBBOCK COUNTY TEXAS

RESPONSE INFORMATION SHEET

This will certify that the Defendant in the cause and his attorney have read the Case Information Sheet that was attached to the Original Petition. As the Defendant's attorney I know that I must diligently contact the Plaintiff's attorney(s) in order to discuss the filing of a Scheduling Order as required by the Local Rules. If a previous answer has been filed by a different defendant, I understand that the deadline begins from the date that the first answer was filed in this case regardless of which defendant filed it. If a scheduling order has been entered already and approved by the Court, I know I must proceed under that scheduling order unless otherwise allowed by the court.

I acknowledge that if the parties do not file a Joint Scheduling Order, then the Court will enter its own order and that it will not be changed by the Court.

I also acknowledge that if I do not make a diligent effort to contact the Plaintiff's attorney with enough time to adequately allow all parties the opportunity to facilitate a Joint Scheduling Order, then I subject myself to the Plaintiff's suggestions, if any, to the Court. I know that the court will ask plaintiffs attorney(s) if he/she has tried to contact me as well.

I further acknowledge that if I file a counterclaim, I am still the Defendant for purposes of the Joint Scheduling Order.

Defendant Attorney for the Defendant

NOTE: THIS FORM DOES NOT CONSTITUTE DISCOVERY REQUEST, RESPONSE OR SUPPLEMENTATION AND IS NOT ADMISSIBLE AT TRIAL.

FOR COURT USE ONLY

TRIAL DATE: _____
ANSWER FILING DATE: _____ JOINT SCHEDULING ORDER DUE DATE: _____
ATTORNEY FOR DEFENDANT: _____
ADDRESS _____ PHONE: _____
ATTORNEY FOR PLAINTIFF _____
ADDRESS: _____ PHONE: _____
DEPUTY DISTRICT CLERK: _____ DATE RECEIVED BY CLERK: _____
COURT COORDINATOR: _____ DATE RECEIVED: _____