SELF-REPRESENTED INFORMATION SHEET

| CAUSE NO. | |
|---------------------|--|
| I am the: Plaintiff | /Petitioner dent/Defendant |
| | nor/Non-Party |
| PLEASE PRINT THE FC | OLLOWING INFORMATION: |
| My Name: | |
| My Current Address: | (Street) |
| Telephone Number: | (City, State, Zip Code) |
| | (Please Include Area Code) |
| • | ernate telephone number where we can leave a treach you at the above number: (Please include |
| My e-mail Address: | //f you do not have an a mail address write "none") |
| | (If you do not have an e-mail address, write "none") |