

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: CIVIL**

The civil reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located at the end of the form.

County: _____ **District:** _____ **Filing Date:** _____
Judge: _____ **Division:** _____ **Case ID:** _____

Type of case (select one that best describes the subject matter)

Torts

- (NM) Automobile
- (IT) Intentional
- (MP) Malpractice – Medical
- (MO) Malpractice – Other
- (LP) Premises – Liability
- (PL) Product Liability
- (DF) Slander/Libel/
Defamation
- (OD) Torts – Other

Contracts

- (BP) Buyer Plaintiff
- (EM) Employment Discrimination
- (EO) Employment – Other
- (DO) Seller Plaintiff (Debt Collection)
- (OC) Contract – Other

Real Property

- (CD) Condemnation/Eminent
Domain
- (UD) Landlord/Tenant
Unlawful Detainer
- (UO) Landlord/Tenant –
Other
- (FC) Mortgage Foreclosure
- (QT) Real Property – Other

Miscellaneous Civil

- (AP) Administrative Appeal
- (EL) Election
- (FV) Foreign Judgment – Civil
- (FR) Fraud
- (IJ) Injunction
- (CF) Property Forfeiture
- (RF) Register Arkansas
Judgment
- (WT) Writ - Other
- (OM) Civil – Other

| Plaintiff | | Defendant | |
|-------------------------------|---|-------------------------------|---|
| Company/ Last Name | | Company/ Last Name | |
| Suffix | | Suffix | |
| First Name | | First Name | |
| DL/State ID | | DL/State ID | |
| Address | | Address | |
| City, State ZIP | | City, State ZIP | |
| Phone | | Phone | |
| Email | | Email | |
| Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOB | | DOB | |
| Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) | Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) |

Attorney of Record: _____ **Bar #:** _____

For the: Plaintiff Defendant Intervenor **Email Address:** _____

Related Case(s): Judge: _____ Case ID(s) _____

Manner of filing (choose one): (MFO) Original (MFR+case type) Re-open
 (MFT) Transfer (MFF) Reactivate

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Additional Civil Case Party Information. Attach additional pages if needed.

If amending an existing case to add parties, include:

Case ID: _____ Case Styling: _____

| Plaintiff 2 | | Defendant 2 | |
|------------------------|--|------------------------|--|
| Company/ Last Name | | Company/ Last Name | |
| Suffix | | Suffix | |
| First Name | | First Name | |
| DL/State ID | | DL/State ID | |
| Address | | Address | |
| City, State ZIP | | City, State ZIP | |
| Phone | | Phone | |
| Email | | Email | |
| Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOB | | DOB | |
| Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) | Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) |
| Plaintiff 3 | | | |
| Plaintiff 3 | | Defendant 3 | |
| Company/ Last Name | | Company/ Last Name | |
| Suffix | | Suffix | |
| First Name | | First Name | |
| DL/State ID | | DL/State ID | |
| Address | | Address | |
| City, State ZIP | | City, State ZIP | |
| Phone | | Phone | |
| Email | | Email | |
| Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-represented | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DOB | | DOB | |
| Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) | Interpreter needed? | <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language) |

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Instructions

The general civil reporting form and the information contained herein is intended for statistical purposes only. It shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. The filing information must be completed by the attorney or self-represented litigant filing an initial pleading with the court Clerk. The Clerk shall not accept the pleading unless accompanied by this completed reporting form.

- Fill in the blanks for county and district (for those counties with two county seats) where this pleading is being filed. Include the date of the filing (month, day, and year).
- Fill in the blanks for Judge's name and division. In a multi-judge county, the clerk will tell you the correct name and division and will provide the Case ID.
- Select the type of case which best describes the subject matter of the pleading you are filing. If no case type accurately describes the subject matter, select other in the category of the case. If you are self-represented (no attorney) and are filing an appeal from district court, the case type will be one of the following:
 - Torts-other: cases alleging damage to personal property;
 - Contracts: Buyer Plaintiff: Cases involving a buyer of goods or services alleging failure of the seller to deliver said goods or services;
 - Contracts: Seller Plaintiff: Cases in which the plaintiff/seller brings suit against a buyer of goods or services for failure to pay as promised;
 - Contract-other: Cases alleging a dispute over an agreement; or
 - Civil-other: Includes cases involving recovery of personal property.
- Fill in the blanks for the Plaintiff and Defendant names as they appear in the style of the pleading you are filing. First name and last name are required. Provide the suffix (sr., jr., III, etc.) if it is part of the name.
 - Check yes for "self-represented" if you are representing yourself, meaning you do not have an attorney. If you are representing yourself, your address is required.
 - If it is known that one of the parties needs an interpreter, check yes and include the language needed. If there is more than one plaintiff or defendant, use page 2.
- Fill in the name and address of the attorney of record and check the appropriate box of the party the attorney is representing. If the attorney of record changes, file an entry of appearance.
- Complete the manner of filing. For the purposes of this reporting form, the following definitions apply.
 - Original: a filing of a complaint or petition at the beginning of a case. This should also be used for an appeal of a district court case.
 - Re-open: a case which has been disposed but is now being resubmitted to the court.
 - Transfer: a case filed with this court from another court due to invalid jurisdiction, venue, etc.
 - Reactivate: a case previously placed on inactive status.
- If there are additional parties or if you are amending a case to add parties, complete page 2 (Additional Civil Case Party Information). Include the case ID and case styling.