

**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:** _____ **Docket Number:** _____

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

Torts

- (NM) Automobile Tort
- (NO) Intentional Tort
- (TBD) Malpractice – Medical
- (MP) Malpractice – Other
- (TBD) Premises – Liability
- (PL) Product Liability
- (TBD) Slander/Libel/Defamation
- (OD) Torts – Other

Real Property

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

Miscellaneous Civil

- (AA) Administrative Appeal
- (OM) Civil – Other
- (EL) Elections
- (FJ) Foreign Judgement – Civil
- (FR) Fraud
- (IJ) Injunction
- (CF) Property Forfeiture
- (WT) Writ

Contracts

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

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

Attorney Providing Information: _____ **Bar #:** _____

Plaintiff Defendant Intervenor **Email Address:** _____

Litigant, if representing self: _____

Manner of filing (choose one):

- (MFO) Original
- (MFR+case type) Re-open
- (MFT) Transfer
- (TBD) Reactivate

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Additional Civil Case Party Information (if needed):

Plaintiff 2		Defendant 2	
Company/ Last Name		Company/ Last Name	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)
Plaintiff 3		Defendant 3	
Company/ Last Name		Company/ Last Name	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)
Plaintiff 4		Defendant 4	
Company/ Last Name		Company/ Last Name	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
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 pro se litigant filing an initial pleading with the court Clerk. The Clerk shall not accept the pleading unless accompanied by this reporting form.

1. Fill in the blanks for county and district (if applicable) where this pleading is being filed. Include the date of the filing (month, day, and year).
2. Fill in the blanks for Judge's name and division (if applicable). In a multi-judge county, the clerk will tell you the correct name and division and will provide the docket number.
3. Complete the type of case. Place an "X" in the single box which best describes the subject matter of the pleading you are filing. If no case type accurately describes the subject matter, place an "X" in the box for other in the category of the case.
4. 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. A DLN is extremely helpful. 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.
5. Fill in your name and address on the appropriate line. Litigant representing self means you are filing this pleading on your own behalf and are not represented by an attorney.
6. 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.
 - Re-open: a case which has been disposed of 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 removed to Federal/Bankruptcy Court