

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: DOMESTIC RELATIONS**

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

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_

**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Docket Number:** \_\_\_\_\_

**Type of Case (select one):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annulment (AN)            | <input type="checkbox"/> Divorce (DV)       | <input type="checkbox"/> Child Support (SP)                       |
| <input type="checkbox"/> Custody (CS)              | <input type="checkbox"/> Visitation (TBD)   | <input type="checkbox"/> Contempt-Domestic Relations (CT)         |
| <input type="checkbox"/> Domestic Abuse (DA)       | <input type="checkbox"/> Paternity (PT)     | <input type="checkbox"/> Foreign Judgment-Domestic Relations (FJ) |
| <input type="checkbox"/> Separate Maintenance (SM) | <input type="checkbox"/> Support-IV-D (TBD) | <input type="checkbox"/> Support-Private (non-IV-D) (TBD)         |

**Manner of Filing:**       Original (MFO)       Re-Open (MFR)       Transfer (MFT)

Plaintiff		Defendant	
Last Name		Last Name	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	

**Attorney Providing Information:** \_\_\_\_\_ **Bar#:** \_\_\_\_\_

Address: \_\_\_\_\_

Representing:    Plaintiff       Defendant

**If you are representing yourself (no attorney):**

Name: \_\_\_\_\_

**Related Case(s):** Judge: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

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The domestic relations 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 judicial district where this pleading is being filed. The clerk will assign you the docket number. The filing date is the month, day, and year you are filing this pleading. 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 or will complete this information.
2. Select the type of case. Place an "X" in the single box which best describes the subject matter of the pleading you are filing. If it is a divorce case, fill in the date of the marriage.
3. 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.
4. Fill in the blanks for the Plaintiff and Defendant names. Provide the driver's license numbers if known.
5. Fill in the name and address of the attorney providing the information and check the appropriate box of the party the attorney is representing. If you are representing yourself, leave the attorney line blank and fill in your own name below. Make sure your address is included on the form.
6. Reference any related case(s).