

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

The probate 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 on the back of the form.

---

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

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

**Type of case:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adoption (AD)                 | <input type="checkbox"/> Ancillary Administration (AA) | <input type="checkbox"/> Guardianship – Probate (GD)         |
| <input type="checkbox"/> Conservatorship (CP)          | <input type="checkbox"/> Trust Administration (TA)     | <input type="checkbox"/> Decedent Estate Administration (DE) |
| <input type="checkbox"/> Alcoholic Commitment (AL)     | <input type="checkbox"/> Civil Commitment (CV)         | <input type="checkbox"/> Narcotic Commitment (DC)            |
| <input type="checkbox"/> Adult Protective Custody (PC) | <input type="checkbox"/> Small Estate (SE)             | <input type="checkbox"/> Probate-Other (OP)                  |

**Manner of Filing:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Original (MFO) | <input type="checkbox"/> Re-open (MFR) | <input type="checkbox"/> Transfer (MFT) |
|---|--|---|

**In the Matter of:** \_\_\_\_\_

**Attorney Providing Information:**

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

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

**If you are representing yourself:**

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

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

**Instructions**

The probate reporting form and the information contained herein is intended for case assignment and statistical purposes. 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.
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 name of the case as it appears in the style of the pleading you are filing.
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 and address below.
6. Reference any related case(s).