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 available at https://courts.arkansas.gov.   1/1/2017

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	☐ Yes ☐ No	Self-represented	☐ Yes ☐ No
DOB		DOB	
Interpreter needed?	☐ Yes: _____ ☐ No (language)	Interpreter needed?	☐ Yes: _____ ☐ 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 this and 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	□ Yes □ No	Self-represented	□ Yes □ No
DOB		DOB	
Interpreter needed?	□ Yes: _____ □ No (language)	Interpreter needed?	□ Yes: _____ □ No (language)

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	□ Yes □ No	Self-represented	□ Yes □ No
DOB		DOB	
Interpreter needed?	□ Yes: _____ □ No (language)	Interpreter needed?	□ Yes: _____ □ No (language)

1/1/2017