

**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 at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

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

**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> (AN) Annulment (marriage date: _____ )   | <input type="checkbox"/> (PT) Paternity                                    |
| <input type="checkbox"/> (CT) Contempt-Domestic Relations         | <input type="checkbox"/> (SM) Separate Maintenance (marriage date: _____ ) |
| <input type="checkbox"/> (CS) Custody                             | <input type="checkbox"/> (SS) Support (OCSE)                               |
| <input type="checkbox"/> (DV) Divorce (marriage date: _____ )     | <input type="checkbox"/> (ST) Support-Private (non-OCSE)                   |
| <input type="checkbox"/> (FJ) Foreign Judgment-Domestic Relations | <input type="checkbox"/> (SU) Support-UIFSA                                |
| <input type="checkbox"/> (DA) Order of Protection                 | <input type="checkbox"/> (VI) Visitation                                   |

**Does this case involve minor children?**  Yes  No

*If yes, also file the completed Confidential Information Sheet.*

Plaintiff		Defendant	
Last Name		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 **Email Address:** \_\_\_\_\_

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

- Manner of filing:**
- |   |  |
|---|--|
| <input type="checkbox"/> (MFO) Original | <input type="checkbox"/> (MFR+case type) Re-open |
| <input type="checkbox"/> (MFT) Transfer | <input type="checkbox"/> (MFF) Reactivate        |