

**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>.

**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
- (AR) Petition to Seal Arrest  
Record
- (EL) Election
- (FV) Foreign Judgment – Civil
- (FR) Fraud
- (IJ) Injunction
- (NC) Name Change
- (CF) Property Forfeiture
- (RF) Register AR Judgment
- (TS) Petition to Terminate Sex  
Offender Registration Req. -  
Out of State Judgment
- (WT) Writ - Other
- (OM) Civil – Other

Plaintiff		Defendant	
<b>Company/ Last Name</b>		<b>Company/ Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
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     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