

**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 arcourts.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	
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	<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