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 arcourts.gov.

County:		District:		Filing Date:	
Judge:		Division:		Case ID:	
Type of Case (select	only one):				
Marriage date:					
Does this case invol	ve the custody or si	upport of min	or children?	Yes No	
If yes, also file the co	ompleted Confidenti	al 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	Yes No		Self-represented	d Yes	No
DOB			DOB		
Interpreter	Yes:		Interpreter	Yes:	
needed?	No other language:		needed?	No other	language:
Attourney of Decords			Pow.	ш.	
Attorney of Record:				#:	
For the: Plainti	ii Defendant	Emai	Address:		
Related Case(s): Judge:			Case	ID(s):	
Manner of filing:					

1 6/1/2017