

**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 www.arcourts.gov. 1/1/2017

County: _____ **District:** _____ **Filing Date:** _____
Judge: _____ **Division:** _____ **Case ID:** _____

Type of case (select one that best describes the subject matter)

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 other language: _____	Interpreter needed?	Yes: No other language: _____

Attorney of Record: _____

Bar #: _____

For the: Plaintiff Defendant Intervenor

Email Address: _____

Related Case(s): Judge: _____

Case ID(s): _____

Manner of filing (choose one): .