Form of Summons

The Supreme Court of Arkansas has adopted the following form of summons for use in all cases in which personal service is pursuant to Rule 4(c), (f), and (h) of the Arkansas Rules of Civil Procedure. The form incorporates a proof of service to be made by a sheriff, deputy sheriff, or other person, as appropriate, in accordance with Rule 4(g).

The form may be modified as needed in special circumstances, and additional notices, if required, should be inserted as appropriate. Examples include the notices required by statute in unlawful-detainer and replevin actions, *see* Ark. Code Ann. \$ 18-60-307(a) and 18-60-808(a), and the notice of the consent jurisdiction of a state district court that must be included pursuant to Ark. Sup. Ct. Admin. Order No. 18(6)(d)(1).

This form is not for use in cases of constructive service pursuant to Rule 4(g)(3). The adoption of this form is in compliance with Rule 4(b) and does not modify or amend any part of that rule.

Effective July 1, 2012 Corrected August 14, 2012 Revised Effective January 1, 2019

THE CIRCUIT	COLID T OF	COUNTY	ARKANSAS
THE CIRCUIT		COUNTI,	MAMANA

_____ DIVISION [Civil, Probate, etc.]

Plaintiff

v.

No. _____

Defendant

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

[Defendant's name and address.]

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose

name and address are:

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

Additional Notices Included:					
	CLERK OF COURT				
ldress of Clerk's Office					
	[Signature of Clerk or Deputy Clerk]				
Date:_					

[SEAL]

No	_ This summons is for	(name of Defendant).
PROOF OF S	ERVICE	
On	[date] I personally delivered th	e summons and complaint to
the defendant at		[place]; or
After making	; my purpose to deliver the summons and c	complaint clear, on
	[date] I left the summons and com	plaint in the close proximity of
the defendant by	r	[describe how the
summons and co	omplaint was left] after he/she refused to re	ceive it when I offered it to
him/her; or		
On	[date] I left the summons and o	complaint with
	, a member of the defendant's f	amily at least 18 years of age, at
	[address], a place v	where the defendant resides; or
	[date] I delivered the summons and	
[name of individ	ual], an agent authorized by appointment o	or by law to receive service of
summons on beh	nalf of	[name of defendant]; or
On	[date] at	[address],
where the defend	dant maintains an office or other fixed loca	tion for the conduct of
business, during	normal working hours I left the summons	and complaint with

_[name and job description]; or

I am the plaintiff or an attorney of record for the plaintiff in a lawsuit, and I served the summons and complaint on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.

I am the plaintiff or attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the summons and complaint by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.

Other [specify]:

I was unable to execute service because:

My fee is \$ _____.

To be completed if service is by a sheriff or deputy sheriff:

D		COLINITY AD RANICAC
Date:	SHERIFF OF	COUNTY, ARKANSAS
Date.		

By: _______[signature of server]

[printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

Date: _____

By: _____

[signature of server]

[printed name]

Address: _____

Phone: _____

Subscribed and sworn to before me this date:

Notary Public _____

My Commission Expires:

Additional information regarding service or attempted service: