

**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 www.courts.arkansas.gov.

County: _____ **District:** _____ **Filing Date:** _____

Judge: _____ **Division:** _____ **Case ID:** _____

Type of Case (select only one):

- | | |
|---|---|
| <input type="checkbox"/> (AN) Annulment (marriage date: _____) | <input type="checkbox"/> (PT) Paternity |
| <input type="checkbox"/> (CT) Contempt-Domestic Relations | <input type="checkbox"/> (SM) Separate Maintenance (marriage date: _____) |
| <input type="checkbox"/> (CS) Custody | <input type="checkbox"/> (SS) Support (OCSE) |
| <input type="checkbox"/> (DV) Divorce (marriage date: _____) | <input type="checkbox"/> (ST) Support-Private (non-OCSE) |
| <input type="checkbox"/> (FJ) Foreign Judgment-Domestic Relations | <input type="checkbox"/> (SU) Support-UIFSA |
| <input type="checkbox"/> (DA) Order of Protection | <input type="checkbox"/> (VI) Visitation |

Does this case involve minor children? Yes No

If yes, also file the completed Confidential 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 | <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 **Email Address:** _____

Related Case(s): Judge: _____ Case ID(s): _____

Manner of filing: (MFO) Original (MFR+case type) Re-open
 (MFT) Transfer (MFF) Reactivate