

# COVER SHEET

## Civil Case Filing Form

(To be completed by Attorney/Party  
Prior to Filing of Pleading)

Mississippi Supreme Court Form AOC/01  
Administrative Office of Courts (Rev 2016)

### Court Identification Docket #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
County #	Judicial District	Court ID (CH, CI, CO)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	Date	Year

### Case Year

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Docket Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
					Local Docket ID

This area to be completed by clerk

Case Number if filed prior to 1/1/94

In the \_\_\_\_\_ Court of \_\_\_\_\_ County — Judicial District

### Origin of Suit (Place an "X" in one box only)

- |   |                                     |  |  |                                |
|---|-------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Initial Filing | <input type="checkbox"/> Reinstated | <input type="checkbox"/> Foreign Judgment Enrolled | <input type="checkbox"/> Transfer from Other court | <input type="checkbox"/> Other |
| <input type="checkbox"/> Remanded       | <input type="checkbox"/> Reopened   | <input type="checkbox"/> Joining Suit/Action       | <input type="checkbox"/> Appeal                    |                                |

### Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form

**Individual** \_\_\_\_\_  
Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV

\_\_\_\_ Check ( x ) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:  
Estate of \_\_\_\_\_

\_\_\_\_ Check ( x ) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:  
D/B/A or Agency \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated

\_\_\_\_ Check ( x ) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below:  
D/B/A \_\_\_\_\_

**Address of Plaintiff** \_\_\_\_\_

**Attorney (Name & Address)** \_\_\_\_\_ **MS Bar No.** \_\_\_\_\_

\_\_\_\_ Check ( x ) if Individual Filing Initial Pleading is NOT an attorney

Signature of Individual Filing: \_\_\_\_\_

### Defendant - Name of Defendant - Enter Additional Defendants on Separate Form

**Individual** \_\_\_\_\_  
Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV

\_\_\_\_ Check ( x ) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:  
Estate of \_\_\_\_\_

\_\_\_\_ Check ( x ) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity:  
D/B/A or Agency \_\_\_\_\_

**Business** \_\_\_\_\_  
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated

\_\_\_\_ Check ( x ) if Business Defendant is acting in the name of an entity other than the above, and enter below:  
D/B/A \_\_\_\_\_

**Attorney (Name & Address) - If Known** \_\_\_\_\_ **MS Bar No.** \_\_\_\_\_

\_\_\_\_ Check ( x ) if child support is contemplated as an issue in this suit.\*  
\*If checked, please submit completed Child Support Information Sheet with this Cover Sheet

### Nature of Suit (Place an "X" in one box only)

<b>Domestic Relations</b> <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____	<b>Business/Commercial</b> <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____	<input type="checkbox"/> Alcohol/Drug Commitment (Voluntary) <input type="checkbox"/> Other _____	<b>Real Property</b> <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____
<b>Appeals</b> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____	<b>Probate</b> <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)	<b>Children/Minors - Non-Domestic</b> <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	<b>Torts</b> <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____
		<b>Civil Rights</b> <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____	
		<b>Contract</b> <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____	
		<b>Statutes/Rules</b> <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	

IN THE

COURT OF

COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_

PLAINTIFFS IN REFERENCED CAUSE - Page 1 of \_\_\_\_\_ Plaintiffs Pages  
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Plaintiff #2:

Individual:

\_\_\_\_\_  
Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

ATTORNEY FOR THIS PLAINTIFF: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

Plaintiff #3:

Individual:

\_\_\_\_\_  
Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

ATTORNEY FOR THIS PLAINTIFF: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

Plaintiff #4:

Individual:

\_\_\_\_\_  
Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

ATTORNEY FOR THIS PLAINTIFF: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

IN THE

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Prior to 1/1/94 \_\_\_\_\_



**PLAINTIFFS IN REFERENCED CAUSE - Page of Plaintiffs Pages  
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Plaintiff # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS PLAINTIFF:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Plaintiff # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS PLAINTIFF:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Plaintiff # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS PLAINTIFF:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_

IN THE

COURT OF

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Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local ID

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Prior to 1/1/94 \_\_\_\_\_

DEFENDANTS IN REFERENCED CAUSE - Page 1 of Defendants Pages  
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Defendant #2:

Individual:

Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A

ATTORNEY FOR THIS DEFENDANT: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

Defendant #3:

Individual:

Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A

ATTORNEY FOR THIS DEFENDANT: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

Defendant #4:

Individual:

Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

Business

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A \_\_\_\_\_

ATTORNEY FOR THIS DEFENDANT: Bar # or Name: Pro Hac Vice (✓) \_\_\_ Not an Attorney(✓) \_\_\_

IN THE

COURT OF

COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_



**DEFENDANTS IN REFERENCED CAUSE - Page of Defendants Pages  
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET**

**Defendant # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS DEFENDANT:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Defendant # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS DEFENDANT:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_

**Defendant # :**

**Individual:** Last Name First Name ( Maiden Name, if Applicable ) Middle Init. Jr/Sr/III/IV

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of

\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A

**Business**

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

\_\_\_ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A

**ATTORNEY FOR THIS DEFENDANT:** Bar # or Name: *Pro Hac Vice* (✓) \_\_\_ Not an Attorney(✓) \_\_\_



**CHILD SUPPORT INFORMATION SHEET**

*Please include all information known*

**IN THE COURT OF COUNTY, MISSISSIPPI  
JUDICIAL DISTRICT, CITY OF**

Docket No. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
Prior to 1/1/94 \_\_\_\_\_

**Father:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone # Drivers License #

Employer Name and Address: ( ) Employer Phone #

**Mother:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone # Drivers License #

Employer Name and Address: ( ) Employer Phone #

**Child:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone #

**Child:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone #

**Child:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone #

**Child:**

Last First M/I Jr/Sr etc. Date of Birth Social Security #

Address: ( ) Phone #

**FOR ADDITIONAL CHILDREN, PLEASE ATTACH ADDITIONAL FORMS**

MANDATED PURSUANT TO:  
**Federal Social Security Act Title IV-D,  
§§ 454(26)(A) and 454A(e)(4);  
Miss. Code Ann. §43-19-31(l)(iii) (Supp. 1999)**

**Information will be sent to the  
ADMINISTRATIVE OFFICE OF COURTS AND  
MDHS CHILD SUPPORT ENFORCEMENT DIVISION**