

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 #

County # [][] Judicial District [][] Court ID (CH, CI, CO) [][][][]
Month [][] Date [][][][] Year [][][][]

Case Year

[][][][][][]

Docket Number

[][][][][][][][][][]
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)

- Initial Filing Reinstated Foreign Judgment Enrolled Transfer from Other court Other
- Remanded Reopened Joining Suit/Action 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)

- Domestic Relations**
- Child Custody/Visitation
 - Child Support
 - Contempt
 - Divorce: Fault
 - Divorce: Irreconcilable Diff.
 - Domestic Abuse
 - Emancipation
 - Modification
 - Paternity
 - Property Division
 - Separate Maintenance
 - Term. of Parental Rights-Chancery
 - UIFSA (eff 7/1/97; formerly URESA)
 - Other _____

- Business/Commercial**
- Accounting (Business)
 - Business Dissolution
 - Debt Collection
 - Employment
 - Foreign Judgment
 - Garnishment
 - Replevin
 - Other _____

- Probate**
- Accounting (Probate)
 - Birth Certificate Correction
 - Mental Health Commitment
 - Conservatorship
 - Guardianship
 - Heirship
 - Intestate Estate
 - Minor's Settlement
 - Muniment of Title
 - Name Change
 - Testate Estate
 - Will Contest
 - Alcohol/Drug Commitment (Involuntary)

- Appeals**
- Administrative Agency
 - County Court
 - Hardship Petition (Driver License)
 - Justice Court
 - MS Dept Employment Security
 - Municipal Court
 - Other _____

- Alcohol/Drug Commitment (Voluntary)
- Other _____
- Children/Minors - Non-Domestic**
- Adoption - Contested
- Adoption - Uncontested
- Consent to Abortion
- Minor Removal of Minority
- Other _____
- Civil Rights**
- Elections
- Expungement
- Habeas Corpus
- Post Conviction Relief/Prisoner
- Other _____
- Contract**
- Breach of Contract
- Installment Contract
- Insurance
- Specific Performance
- Other _____
- Statutes/Rules**
- Bond Validation
- Civil Forfeiture
- Declaratory Judgment
- Injunction or Restraining Order
- Other _____

- Real Property**
- Adverse Possession
 - Ejectment
 - Eminent Domain
 - Eviction
 - Judicial Foreclosure
 - Lien Assertion
 - Partition
 - Tax Sale: Confirm/Cancel
 - Title Boundary or Easement
 - Other _____
- Torts**
- Bad Faith
 - Fraud
 - Intentional Tort
 - Loss of Consortium
 - Malpractice - Legal
 - Malpractice - Medical
 - Mass Tort
 - Negligence - General
 - Negligence - Motor Vehicle
 - Premises Liability
 - Product Liability
 - Subrogation
 - Wrongful Death
 - 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

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 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

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 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**