# 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 2009)

**Court Identification Docket #**

County # | Judicial District | Court ID (CH, CI, CO)

Month | Date | Year

**This area to be completed by clerk**

**Case Year**

**Docket Number**

**Local Docket ID**

**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
- ☐ Remanded
- ☐ Reinstated
- ☐ Reopened
- ☐ Foreign Judgment Enrolled
- ☐ Joining Suit/Action
- ☐ Transfer from Other court
- ☐ Appeal
- ☐ Other

**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 Plainitiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
Estate of _____

____ Check ( x ) if Individual Planitiff 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 Planitiff 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.** _____

**Damages Sought:** Compensatory $ _____ Punitive $ _____ ____**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
- ☐ Termination of Parental Rights
- ☐ UIFSA (eff 7/1/97; formerly URESA)
- ☐ Other _____

**Appeals**
- ☐ Administrative Agency
- ☐ County Court
- ☐ Hardship Petition (Driver License)
- ☐ Justice Court
- ☐ MS Dept Employment Security
- ☐ Worker's Compensation
- ☐ Other _____

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

**Probate**
- ☐ Accounting (Probate)
- ☐ Birth Certificate Correction
- ☐ Commitment
- ☐ Conservatorship
- ☐ Guardianship
- ☐ Heirship
- ☐ Intestate Estate
- ☐ Minor's Settlement
- ☐ Muniment of Title
- ☐ Name Change
- ☐ Testate Estate
- ☐ Will Contest
- ☐ 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
- ☐ Loss of Consortium
- ☐ Malpractice - Legal
- ☐ Malpractice - Medical
- ☐ Mass Tort
- ☐ Negligence - General
- ☐ Negligence - Motor Vehicle
- ☐ Product Liability
- ☐ Subrogation
- ☐ Wrongful Death
- ☐ Other _____

**IN THE _____COURT OF _____COUNTY, MISSISSIPPI**

**_____ JUDICIAL DISTRICT, CITY OF _____**

Docket No._____ - _____ _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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(✓)___

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**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(✓)___

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**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(✓)___

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**IN THE _____ COURT OF _____ COUNTY, MISSISSIPPI**

**_____ JUDICIAL DISTRICT, CITY OF _____**

Docket No._____ - _____ _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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(✓)___

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**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(✓)___

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**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(✓)___

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**IN THE _____ COURT OF _____ COUNTY, MISSISSIPPI**

**_____ JUDICIAL DISTRICT, CITY OF _____**

Docket No._____ - _____ _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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(✓)___

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**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(✓)___

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**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(✓)___

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**IN THE _____ COURT OF _____ COUNTY, MISSISSIPPI**

**_____ JUDICIAL DISTRICT, CITY OF**

Docket No._____ - _____ _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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

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D/B/A _____

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

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**Defendant # ___ :**

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

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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(✓)___

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**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(✓)___

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## *CHILD SUPPORT INFORMATION SHEET*

***Please include all information known***

**IN THE _____ COURT OF _____ COUNTY, MISSISSIPPI**

**_____ JUDICIAL DISTRICT, CITY OF _____**

Reset Form

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**