	COVER SH	CCT	Court Identification De	-14.44	Ores Veen		= 1 . N
			Court Identification Do	оскет #	Case Year		Docket Number
	Civil Case Filing	g Form					
(To be completed by Attorney/Party			County # Judicial (Court ID		_	
	Prior to Filing of Pi	•	-	H, CI, CO)			
		reasg,					Local Docket ID
	ssippi Supreme Court	Form AOC/01	Month Date	Year			
Admii	inistrative Office of Courts	(Rev 2020)	This area to be comple	ted by clerk		Case Numb	per if filed prior to 1/1/94
l	In the		Court of		County —	Jud	icial District
Origi	in of Suit (Place an "X" in o	one box only)			<u> </u>		
	Initial Filing	Reinstated	Foreign Judgment Enr	rolled	Transfer from Ot	her court	Other
l	Remanded	Reopened	Joining Suit/Action		Appeal		_
Plain	ntiff - Party(ies) Initially Br	ringing Suit Should Be	Entered First - Enter Ad	ditional Plaint	iffs on Separate Form		
Indivi							
l		Name	First Name		Maiden Name, if ap	plicable	M.I. Jr/Sr/III/IV
	Check (x) if Individual	Plainitiff is acting in cap	pacity as Executor(trix) or Ad	lministrator(trix)		•	
l	Estate of						
l		Planitiff is acting in cap	acity as Business Owner/Op	erator (d/b/a) or	State Agency, and ente	r entity	
	D/B/A or Agency						
Busin	iess						
l	Ent	ter legal name of busine	ss, corporation, partnership	, agency - If Corp	oration, indicate the sta	ite where inco	rporated
		•	ne name of an entity other th		•		•
	D/P/A		•				
Addre	ess of Plaintiff						
						MC B	ar No.
Αιιοι	rney (Name & Address)	Letter tritical Planding is	NOT an attornous				ar No.
l		l Filing Initial Pleading is	NOT an attorney				
l	Signature of Individual Filing	3:					
Defe	endant - Name of Defenda	nt - Enter Additional	Defendants on Separate	Form			
Indivi							
		Name	First Name		Maiden Name, if ag	nlicable	M.I. Jr/Sr/III/IV
l			apacity as Executor(trix) or		· · · · ·	•	IVI.i. Jijoijiijiv
l	Estate of	Derendant is daming.	apacity as Encourt. (,	Administration (.	in or an Estate, E.E.		
		Defendant is acting in c	apacity as Business Owner/	Operator (d/b/a)	or State Agency, and er	nter entity:	
l	D/B/A or Agency	_					
Busin							
Dus		ter legal name of busine	ss, corporation, partnership	agency - If Corn	poration indicate the sta	te where inco	rnorated
			e name of an entity other th			ite where mee	poracea
	D/B/A	Jeremanne is accome in an	c name or an enary care	idii die 62010, 2.	ild citter belott.		
Δttor	ney (Name & Address) - If Kn	nown				MS B	ar No.
ALC.	ney (Name & Address)	IOWII					
l _	_ Check (x) if child support is				ol/Drug Commitment (Volunt	tary)	Real Property
l	*If checked, please submit comp		ation Sheet with this Cover Shee			_ □	Adverse Possession
Natu	re of Suit (Place an "X" in				Minors - Non-Domestic	┛	Ejectment
	Domestic Relations		ness/Commercial		tion - Contested	닏	Eminent Domain
l	Child Custody/Visitation		nting (Business)	•	tion - Uncontested	님	Eviction
l	Child Support		ss Dissolution		ent to Abortion	님	Judicial Foreclosure
l	Contempt Divorce:Fault	Debt Co Employ	Collection		r Removal of Minority	님	Lien Assertion
l	Divorce: Fault Divorce: Irreconcilable Diff.		yment n Judgment	Other	Civil Rights	=	Partition
	Domestic Abuse	Foreign	=	Electi		┛ 片	Tax Sale: Confirm/Cancel
i	Emancipation	Replev			ngement	吕	Title Boundary or Easement
i	Modification	Other		•	as Corpus		Other Torts
	Paternity		Probate		Conviction Relief/Prison	i	
ΙH	Property Division	Accou	nting (Probate)	Other	•		Bad Faith
lΗ	Separate Maintenance		Certificate Correction		Contract	ī	Fraud Intentional Tort
ΙĦ	Term. of Parental Rights-Cha		l Health Commitment	Breac	h of Contract	_	Loss of Consortium
	UIFSA (eff 7/1/97; formerly U	URESA) Conser	rvatorship	Instal	lment Contract	\vdash	Malpractice - Legal
l _	Other	Guardi	•	Insura	ance	片	Malpractice - Medical
	Appeals		onservatorship & Guardianship	Specif	fic Performance	H	Mass Tort
	Administrative Agency	Heirshi	•	Other		_	Negligence - General
	County Court	Minor	ite Estate		Statutes/Rules		Negligence - Motor Vehicle
	Hardship Petition (Driver Lice	Lense)	s Settlement		Validation	_ 	Premises Liability
	Justice Court	Nama	nent of Title Change		orfeiture	□	Product Liability
	MS Dept Employment Secur	ritv	e Estate		ratory Judgment	\sqcap	Subrogation
	Municipal Court	Will Co		=	ction or Restraining Orde	er 🗀	Wrongful Death
i	Other		I/Drug Commitment (Involuntary)	Other			Other

COURT OF

COUNTY, MISSISSIPPI

Docket No				Docket No. If Filed			
	File Yr Chro	onological No.	Clerk's Local ID	Prior to 1/1/94			
		FFS IN REFEREN O PLAINTIFF SHO		Page 1 of Plaintiffs Pages 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 i	s acting in capacity a	as Executor(trix)	or Administrator(trix) of an Estate, and enter style:			
Estate o	of						
Check (🗸)	if Individual Plaintiff i	s acting in capacity a	as Business Owr	ner/Operator (D/B/A) or State Agency, and enter that name belo			
D/B/A							
Business	Enter legal name o	f business, corporation, pa	rtnership, agency - If	Corporation, indicate state where incorporated			
Check (🗸)	if Business Plaintiff is	filing suit in the nam	ne of an entity ot	her 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	(Maida Nasa if Aarliachla) Middle Iair			
Check (🗸)	Last Name if Individual Plaintiff i	s acting in capacity a	First Name as Executor(trix)	Maiden Name, if Applicable / Middle Init. Jr/Sr/III/IV or Administrator(trix) of an Estate, and enter style:			
Estate of		o downg iir odpaony t	ao Excodioi (iiix)	or realismostator (and or are believed)			
		s acting in capacity a	as Business Owr	ner/Operator (D/B/A) or State Agency, and enter that name belo			
		3 1 7					
Business							
Check (./)	-			Corporation, indicate state where incorporated her than the name above, and enter below:			
D/B/A	ii Dasiriess i lairitiii is	ming suit in the nan	ic of all criticy of	their the name above, and offer below.			
	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 (🗸)		s acting in capacity a	as Executor(trix)	or Administrator(trix) of an Estate, and enter style:			
Check ()	if Individual Plaintiff i	s acting in capacity a	as Business Owr	ner/Operator (D/B/A) or State Agency, and enter that name belo			
D/B/A							
Business	Enter logal name o	f husiness corneration as	rtnerchin agonov If	Corporation, indicate state where incorporated			
Check (✓)	_			Corporation, indicate state where incorporated her than the name above, and enter below:			
D/B/A		5	,	,			
	THIS PLAINTIFF:	Bar # or Name:		Pro Hac Vice (✓) Not an Attorney(✓)			

COURT OF

COUNTY, MISSISSIPPI

Docket No	<u> </u>			Docket No. If Filed			
F	ile Yr Chron	ological No.	Clerk's Local ID	Prior to 1/1/94			
		FS IN REFERENC PLAINTIFF SHO		e of Plaintiffs Page SE FILING FORM COVER			
Plaintiff #	:						
Individual:	Last Name	F	First Name	(Maiden Name, if Applicable	Middle Init. Jr/Sr/III/IV		
Check (/) i	f Individual Plaintiff is	acting in capacity as	Executor(trix) or A	dministrator(trix) of an Estate,	and enter style:		
Estate of							
Check (/) i	f Individual Plaintiff is	acting in capacity as	Business Owner/O	perator (D/B/A) or State Agen	cy, and enter that name below:		
D/B/A							
Business	Enter legal name of b	ousiness, corporation, partr	nership, agency - If Corpo	ation, indicate state where incorporated	I		
Check () if	_			nan the name above, and ente			
D/B/A							
ATTORNEY FOR	THIS PLAINTIFF:	Bar # or Name:		Pro Hac Vice (✔)_	Not an Attorney(✓)		
Plaintiff #	:						
Individual:	Last Name	F	First Name	(Maiden Name, if Applicable	Middle Init. Jr/Sr/III/IV		
Check (/) i	f Individual Plaintiff is	acting in capacity as	Executor(trix) or A	dministrator(trix) of an Estate,	and enter style:		
Estate of							
Check (🗸) i	f Individual Plaintiff is	acting in capacity as	Business Owner/O	perator (D/B/A) or State Agen	cy, and enter that name below:		
D/B/A							
Business	Enter legal name of h	ousiness corporation partr	nership agency - If Corpo	ation, indicate state where incorporated	ı		
Check (🗸) if	-			nan the name above, and ente			
D/B/A							
ATTORNEY FOR	THIS PLAINTIFF:	Bar # or Name:		Pro Hac Vice (✔)_	Not an Attorney(✓)		
Plaintiff #	:						
Individual:	Last Name	F	First Name	(Maiden Name, if Applicable	Middle Init. Jr/Sr/III/IV		
Check (/) i	f Individual Plaintiff is	acting in capacity as	Executor(trix) or A	dministrator(trix) of an Estate,	and enter style:		
Estate of							
Check (/) i	f Individual Plaintiff is	acting in capacity as	Business Owner/O	perator (D/B/A) or State Agen	cy, and enter that name below:		
D/B/A							
Business	Enter legal name of b	ousiness, corporation, partr	nership, agency - If Corpo	ation, indicate state where incorporated	I		
Check () if	_			nan the name above, and ente			
D/B/A							
ATTORNEY FOR	THIS PLAINTIFF:	Bar # or Name:		Pro Hac Vice (✔)_	Not an Attorney(✓)		

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COUNTY, MISSISSIPPI

Docket No		hranalagiaal Na	Clark's Local ID	Docket No. If Filed	
r	File Yr C	hronological No.	Clerk's Local ID	Prior to 1/1/94	
			ERENCED CAUSE IT SHOWN ON CIV	Page 1 of Defendants Pages L CASE FILING FORM COVER SH	EET
Defendant #	2:				
Individual:	Last Name		First Name	(Maiden Name, if Applicable Mid	dle Init. Jr/Sr/III/IV
Check ()		dant is acting in ca		x) or Administrator(trix) of an Estate, and	
Estate o	f				
Check (/)	if Individual Defend	ant is acting in cap	pacity as Business Ow	ner/Operator (D/B/A) or State Agency, and	l enter that name below
D/B/A					
Business	Enter legal name	e of business, corporat	ion, partnership, agency - If	Corporation, indicate state where incorporated	
Check (🗸) i	f Business Defenda	ant is being sued	in the name of an ent	ty other than the name above, and enter	below:
D/B/A					
ATTORNEY FOR	THIS DEFENDANT:	Bar # or N	lame:	Pro Hac Vice (✔)No	ot an Attorney(✓)
Defendant #	3:				
Individual:	Last Name		First Name	(Maiden Name, if Applicable Mid	dle Init. Jr/Sr/III/IV
Check ()		dant is acting in ca		x) or Administrator(trix) of an Estate, an	
Estate o	f				
Check (/)	if Individual Defend	ant is acting in cap	pacity as Business Ow	ner/Operator (D/B/A) or State Agency, and	l enter that name below
D/B/A					
Business	Enter legal name	e of business, corporat	ion, partnership, agency - If	Corporation, indicate state where incorporated	
Check (🗸) i	f Business Defenda	ant is being sued	in the name of an ent	ty other than the name above, and enter	below:
D/B/A					
ATTORNEY FOR	THIS DEFENDANT:	Bar # or N	lame:	Pro Hac Vice (✔) No	ot an Attorney(✓)
Defendant #	4:				
Individual:	Last Name		First Name	(Maiden Name, if Applicable Mid	dle Init. Jr/Sr/III/IV
Check ()		dant is acting in ca		x) or Administrator(trix) of an Estate, and	
Estate o	f				
Check (/)	if Individual Defend	ant is acting in cap	pacity as Business Ow	ner/Operator (D/B/A) or State Agency, and	l enter that name below
D/B/A					
Business	Enter legal name	e of business, corporat	ion, partnership, agency - If	Corporation, indicate state where incorporated	
Check (🗸) i	f Business Defend	ant is being sued	in the name of an ent	ty other than the above, and enter below	r:
D/B/A _					
ATTORNEY FOR	THIS DEFENDANT:	Bar # or N	lame:	Pro Hac Vice (✔) No	ot an Attorney(✓)

COURT OF

COUNTY, MISSISSIPPI

Docket No			Docket No. If Filed
File Yr	Chronological No.	Clerk's Local ID	Prior to 1/1/94
	EFENDANTS IN REFER		Page of Defendants Pages L CASE FILING FORM COVER SHEET
Defendant # :			
Individual:	_ast Name	First Name	(Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV
Check (🗸) if Individual	al Defendant is acting in ca	pacity as Executor(tri	x) or Administrator(trix) of an Estate, and enter style:
Check (🗸) if Individua D/B/A	al Defendant is acting in capa	acity as Business Owr	er/Operator (D/B/A) or State Agency, and enter that name bel
Business	r legal name of husiness, cornoration	n nartnershin agency - If C	orporation, indicate state where incorporated
	-		y other than the name above, and enter below:
D/B/A			
ATTORNEY FOR THIS DEFE	NDANT: Bar # or N	lame:	Pro Hac Vice (✓) Not an Attorney(✓)
Defendant # :			
Individual:	_ast Name	First Name	(Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV
			x) or Administrator(trix) of an Estate, and enter style:
Estate of			
Check (🗸) if Individua	al Defendant is acting in capa	acity as Business Owr	er/Operator (D/B/A) or State Agency, and enter that name bel
D/B/A			
Business Enter	r legal name of business, corporation	n, partnership, agency - If C	orporation, indicate state where incorporated
Check () if Business	Defendant is being sued in	n the name of an entit	y other than the name above, and enter below:
D/B/A			
ATTORNEY FOR THIS DEFE	NDANT: Bar # or N	lame:	Pro Hac Vice (✓) Not an Attorney(✓)
Defendant # :			
Individual:	_ast Name	First Name	(Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV
Check (🗸) if Individua	al Defendant is acting in ca	pacity as Executor(tri	x) or Administrator(trix) of an Estate, and enter style:
Estate of			
Check (✓) if Individua D/B/A	al Defendant is acting in capa	acity as Business Owr	er/Operator (D/B/A) or State Agency, and enter that name bel
Business	r legal name of business, corporation	n. partnership, agency - If C	orporation, indicate state where incorporated
			y other than the name above, and enter below:
D/B/A			
ATTORNEY FOR THIS DEFE	NDANT: Bar # or N	lame:	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					Docket No. If Filed		
	File Yr	Chronological No.	Clerk's Local ID			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(I)(iii) (Supp. 1999) Information will be sent to the ADMINISTRATIVE OFFICE OF COURTS AND MDHS CHILD SUPPORT ENFORCEMENT DIVISION