

COVER SHEET

Civil Case Filing Form

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

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Date	Year			

Case Year

Docket Number

Local Docket ID

Mississippi Supreme Court Form AOC/01
Administrative Office of Courts (Rev 2020)

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)

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

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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

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D/B/A

Business

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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

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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

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Estate of

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D/B/A

Business

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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**