

CIVIL CASE COVER SHEET

Check one: CHANCERY COURT CIRCUIT COURT Docket NO. _____

Date _____ Attorney of Record _____

I. Origin Original Proceeding Case Reopened Counter-Claim Cross-Claim 3rd Party Claim Intervening Claim
 Answer/Initial Responsive Pleading Other (Specify) _____

II. Type of Action (Check one)

Domestic Relations

- 361 Paternity 362 Legitimation 363 Adoption 364 Surrender
- 371 Divorce with minor children 372 Divorce without minor children 381 Order of protection 391 Interstate Support-Incoming
- 383 Residential Parenting /no child support 384 Residential Parenting /child support 385 Child Support 387 Wage Assignment
- 401 Other Domestic Relations (Specify) _____ 392 Interstate Support-Outgoing Hearing

General Sessions Appeal (check box if case is appealed or transferred from General Sessions Court) Yes

General Civil

- 451 Medical Malpractice 461 Contract/Debt 462 Specific Performance 471 Damages/Torts
- 481 Real Estate Matter 491 Workers Compensation 501 Probate 511 Juvenile Court Appeal
- 513 Appeal from Admin. Hearing 571 Conservatorship 572 Guardianship 573 Trust
- 581 Miscellaneous General Civil (Specify) _____
- Other 541 Judicial Hospitalization 382 Contempt 382 Contempt 383 Residential Parenting/No Child Support
- Petition for: (Reopened Cases) 381 Order of Protection 387 Wage Assignment Hearing
- 384 Residential Parenting/Child Support 385 Child Support 571 Conservatorship 572 Guardianship
- 501 Probate 541 Judicial Hospitalization
- 573 Trust 551 Other _____

III. Total amount sued for \$ _____ Specific type of damages or relief sought _____
Statutory authority for suit, if any _____

IV. Check one: Affidavit to proceed in forma pauperis Cost Bond Surety _____

V. JURY DEMAND (Check YES only if demand in complaint) YES NO

VI. RELATED CASES (if any) Docket NO. _____ Judge _____
Date filed _____ Status _____

VII. PLAINTIFF/PETITIONER INFORMATION (Listed additional parties on supplemental form.)

1. Name Last First Middle

DOB _____ Social Security # XXX-XX-_____

COMPANY NAME _____
ADDRESS _____
CITY STATE ZIP _____
EMPLOYER _____
ADDRESS _____
CITY STATE ZIP _____

ATTORNEY _____ BPR# _____
ADDRESS _____
CITY STATE ZIP _____
PHONE _____

VIII. DEFENDANT/RESPONDENT INFORMATION (List additional parties on supplemental form.)

1. Name Last First Middle
 AKA DBA BNF

DOB _____ Social Security # XXX-XX-_____

COMPANY NAME _____
ADDRESS _____
CITY STATE ZIP _____
EMPLOYER _____
ADDRESS _____
CITY STATE ZIP _____

ATTORNEY _____ BPR# _____
ADDRESS _____
CITY STATE ZIP _____
PHONE _____

TYPE OF SERVICE REQUIRED

- Out of County Sheriff Publication (Specify) _____
- Local Sheriff Other (Specify) _____
- Secretary of State Special Instructions _____
- Comm. of Ins.

IX. ASSOCIATED PARTY (Uninsured Motorist Carrier) INFORMATION

1. Name _____ Address _____

Type of Service (specify) _____

Are additional plaintiffs or defendants listed on a separate sheet? YES NO

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL CASE COVER SHEET

The civil case cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required for use of the Clerk of Court for the purpose of initiating the civil docket sheet. The attorney filing all complaints or petitions should complete the form as follows:

- I. **Origin** Place an "X" in the box that is applicable.
Original Proceeding: case is being originated in Circuit or Chancery Court
Case Re-opened: case has been closed, but is being re-opened for further proceedings (ex: contempt, modification). Use re-opened date for file date.
Counter-Claim
Cross-Claim
Third party claim
Intervening claim
Other: not covered in the other categories
- II. **Type of Suit:** Place an "X" in the appropriate box. Check the one that best described the action being filed.
- III. **List the total amount of monetary damages being sought. Briefly describe the type of damages or relief sought. Give the statutory authority for suit, if any.**
- IV. **Complaint or petition must be accompanied by either an affidavit to proceed in Forma Pauperis or a Cost Bond. If cost bond has been signed, give the name of the surety.**
- V. **Place an "X" in the appropriate box.**
- VI. **Related Cases:** Provide the requested information on prior case that have been filed that are related to current case being filed. This includes cases that have been non-suited and are being filed.
- VII. **Plaintiff/Petitioner information:** Complete all information for each party. This information is necessary for the clerk to enter the case in the computer.
- VIII. **Defendant/Respondent information:** Complete all information for each party. This information is necessary for the clerk to enter the case in the computer. Place an "X" in the appropriate box to select the kind of service for each defendant. If it is through the sheriff of another county, please name the county. If it is by publication, please name the newspaper. Note any special instructions that would be helpful in obtaining service.
- IX. **Associated Party information:** Use the category for uninsured motorist carriers that need to be served but are not named defendants.
- X. **Additional forms will be provided for cases that have numerous plaintiffs or defendants. Complete as many of the supplemental forms as needed to provide the required information for all parties.**

NOTE: NAME CHANGES should list both the current name and the proposed name as petitioners. Indicate which is current and which is proposed.

ADOPTIONS should list the Adoptee as a petitioner. Type "Adoptee" below the name line.