COVER SHEET Court Identification Docket # **Case Year Docket Number Civil Case Filing Form** (To be completed by Attorney/Party County # Judicial Court ID District (CH, CI, CO) Prior to Filing of Pleading) **Local Docket ID** Mississippi Supreme Court Form AOC/01 Month Date Year Administrative Office of Courts (Rev 2016) This area to be completed by clerk Case Number if filed prior to 1/1/94 In the **Judicial District** Court of County Origin of Suit (Place an "X" in one box only) ☐ Initial Filing ¬ Reinstated Foreign Judgment Enrolled Transfer from Other court ☐ Other Remanded Joining Suit/Action Reopened 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 Ir/Sr/III/IV Check (x) if Individual Plainitiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: 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: 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.* Alcohol/Drug Commitment (Voluntary) **Real Property** *If checked, please submit completed Child Support Information Sheet with this Cover Sheet Other Adverse Possession Nature of Suit (Place an "X" in one box only) Children/Minors - Non-Domestic Eiectment Domestic Relations Business/Commercial Adoption - Contested **Eminent Domain** Child Custody/Visitation Accounting (Business) Adoption - Uncontested **Eviction Business Dissolution** Child Support Consent to Abortion Judicial Foreclosure **Debt Collection** Contempt Minor Removal of Minority Lien Assertion Divorce:Fault **Employment** Partition Civil Rights Divorce: Irreconcilable Diff. Foreign Judgment Tax Sale: Confirm/Cancel **Domestic Abuse** Garnishment Elections Title Boundary or Easement Emancipation Replevin Expungement Other Modification **Habeas Corpus** Torts Post Conviction Relief/Prisoner Paternity Probate **Bad Faith Property Division** Accounting (Probate) Other Fraud **Birth Certificate Correction** Contract Separate Maintenance **Intentional Tort** Term. of Parental Rights-Chancery Mental Health Commitment **Breach of Contract** Loss of Consortium UIFSA (eff 7/1/97; formerly URESA) Conservatorship Installment Contract Malpractice - Legal Other Guardianship Insurance Malpractice - Medical Appeals Heirship Specific Performance Mass Tort Administrative Agency Intestate Estate Other Negligence - General **County Court** Minor's Settlement Statutes/Rules Negligence - Motor Vehicle Hardship Petition (Driver License) Muniment of Title **Bond Validation Premises Liability Justice Court** Name Change Civil Forfeiture **Product Liability** MS Dept Employment Security **Testate Estate Declaratory Judgment** Subrogation **Municipal Court** Will Contest Injunction or Restraining Order Wrongful Death Other Alcohol/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(✓)

COURT OF

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