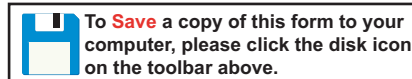


**Multiple claims. If a complaint asserts multiple claims which involve different subject matter divisions of the circuit court, the cover sheet for that division which is most definitive of the nature of the case should be selected and completed.**

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: DOMESTIC RELATIONS**



The domestic relations reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

**FILING INFORMATION**

County: \_\_\_\_\_ District: \_\_\_\_\_ Docket Number: DR

Judge: \_\_\_\_\_ Division: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Plaintiff \_\_\_\_\_ Defendant: \_\_\_\_\_  
Last Name First Name Last Name First Name

Attorney Providing Information: \_\_\_\_\_ Address \_\_\_\_\_  
 Plaintiff  Defendant

Litigant, if Pro Se: \_\_\_\_\_ Address \_\_\_\_\_

Related Case(s): Judge \_\_\_\_\_ Case Number(s) \_\_\_\_\_

**Type of Case: (Select One)**  **IV-D Case (For OCSE use only)**  
 (DV) Divorce  (CS) Custody/Visitation  (DA) Domestic Abuse  
 (DS) Divorce w/Support  (SP) Child Support  (FJ) Foreign Judgment  
 (AN) Annulment  (PT) Paternity  (OT) Other \_\_\_\_\_  
 (SM) Separate Maintenance  (PS) Paternity/Support

**Manner of Filing:**  Original  Re-Open  Transfer

**DISPOSITION INFORMATION**

Disposition Date: \_\_\_\_\_  Bench Trial  Non-Trial  Jury Trial

**Decree or Judgment Type:**  (JD) Divorce Granted  (OD) Other Decree  (OJ) Other Judgment  
**Dismissal Type:**  (DW) Dismissed with Prejudice  (DN) Dismissed without Prejudice  
**Other:**  (TR) Transferred to Another Jurisdiction

Plaintiff SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Defendant SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Family Information:**

There are no children born of the marriage.

Full Name(s) of child(ren): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Payee (Custodial Parent/Other) Address:** \_\_\_\_\_

**Public Law 104-193 Information:**

( ) Custody Placed With:  Plaintiff  Defendant  Other (Name) \_\_\_\_\_  
 ( ) Child Support  New  Modified  Terminated  
 ( ) Spousal Support  New  Modified  Terminated  
 ( ) Order of Protection  Plaintiff  Defendant  Child  
 ( ) Income Withholding Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Clerk Signature \_\_\_\_\_  
AOC 24 10-01  
625 Marshall Street  
Little Rock AR 72201

**Judgment Amount \$** \_\_\_\_\_  
Date \_\_\_\_\_  
Send 1 paper or electronic copy to AOC upon Filing.  
Send 1 paper or electronic copy to AOC upon Disposition.  
Keep original in Court file.

**Effective 1-1-2002**