COVER SHEET

Civil Case Filing Form

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

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

Court Identification Docket #

3	6	3		
County #		Judicial District	Court ID (CH, CI, CO)	

Case Year | **Docket Number** | **Local Docket ID**

Month | **Date** | **Year**

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)

☐ Initial Filing ☐ Reinstated ☐ Foreign Judgment Enrolled ☐ Transfer from Other court ☐ Other
☐ Remanded ☐ Reopened ☐ Joining Suit/Action ☐ 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 Plainitiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:
Estate of _____

____ 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:
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)

Domestic Relations
☐ Child Custody/Visitation
☐ Child Support
☐ Contempt
☐ Divorce:Fault
☐ Divorce: Irreconcilable Diff.
☐ Domestic Abuse
☐ Emancipation
☐ Modification
☐ Paternity
☐ Property Division
☐ Separate Maintenance
☐ Term. of Parental Rights-Chancery
☐ UIFSA (eff 7/1/97; formerly URESA)
☐ Other _____

Appeals
☐ Administrative Agency
☐ County Court
☐ Hardship Petition (Driver License)
☐ Justice Court
☐ MS Dept Employment Security
☐ Municipal Court
☐ Other _____

Business/Commercial
☐ Accounting (Business)
☐ Business Dissolution
☐ Debt Collection
☐ Employment
☐ Foreign Judgment
☐ Garnishment
☐ Replevin
☐ Other _____

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)
☐ Alcohol/Drug Commitment (Voluntary)
☐ Other

Children/Minors - Non-Domestic
☐ Adoption - Contested
☐ Adoption - Uncontested
☐ Consent to Abortion
☐ Minor Removal of Minority
☐ Other _____

Civil Rights
☐ Elections
☐ Expungement
☐ Habeas Corpus
☐ Post Conviction Relief/Prisoner
☐ Other _____

Contract
☐ Breach of Contract
☐ Installment Contract
☐ Insurance
☐ Specific Performance
☐ Other _____

Statutes/Rules
☐ Bond Validation
☐ Civil Forfeiture
☐ Declaratory Judgment
☐ Injunction or Restraining Order
☐ Other _____

Real Property
☐ Adverse Possession
☐ Ejectment
☐ Eminent Domain
☐ Eviction
☐ Judicial Foreclosure
☐ Lien Assertion
☐ Partition
☐ Tax Sale: Confirm/Cancel
☐ Title Boundary or Easement
☐ Other _____

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 _____

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_____

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._________ - __________________ _______________ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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

Reset Form

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 ____

___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 ____

___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. _____ - _____ _____ Docket No. If Filed
File Yr Chronological No. Clerk's Local ID 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. _________ - _______________ _____________ Docket No. If Filed Prior to 1/1/94______________________
File Yr Chronological No. Clerk's Local ID

DEFENDANTS IN REFERENCED CAUSE - Page __ of __ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Reset Form

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

___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

___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 _____

Reset Form

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