

COVER SHEET

Civil Case Filing Form

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

Mississippi Supreme Court
Administrative Office of Courts

Form AOC/01
(Revised 5/11/2000)

Court Identification
Docket Number

Case Year

Docket Number

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

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Month Date Year

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Local Docket ID

This area to be completed by Clerk

Case Number if filed prior to 1/1/94

In the _____ Court of _____ County

Short Style of Case: _____

Party Filing Initial Pleading: Type/Print Name _____ MS Bar No. _____

Check (✓) if Not an Attorney _____ Check (✓) if Pro Hac Vice Signature _____

Compensatory Damages Sought: _____ Punitive Damages Sought: _____

Is Child Support contemplated as an issue in this suit? Yes No If "yes" is checked, please submit a completed Child Support Information Sheet with Final Decree/Judgment

PLAINTIFF - PARTY(IES) INITIALLY BRINGING SUIT SHOULD BE ENTERED FIRST (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL PLAINTIFFS ON SEPARATE FORM

Individual _____ Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. Jr/Sr/III/IV

Address of Plaintiff _____

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 entity: _____

D/B/A / Agency _____

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 above, and enter below: _____

D/B/A: _____

DEFENDANT - NAME OF DEFENDANT (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL DEFENDANTS ON SEPARATE FORM

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 entity: _____

D/B/A / Agency _____

Business _____

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

Check (✓) if Business Defendant is filing suit in the name of an entity other than the above, and enter below: _____

D/B/A: _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar No. Or Name: _____ Pro Hac Vice (✓) _____ (If known)

In left hand column, check one (1) box that best describes the nature of this suit. In right hand column check all boxes which indicate secondary claims.

Business/Commercial

- Accounting (Business)
- Bankruptcy
- Business Dissolution - Corporation
- Business Dissolution - Partnership
- Debt Collection
- Employment
- Examination of Debtor
- Execution
- Foreign Judgment
- Garnishment
- Pension
- Receivership
- Replevin
- Stockholder Suit
- Other _____

Domestic Relations

- Child Custody/Visitation
- Child Support
- Contempt
- Divorce: Fault
- Divorce: Irreconcilable Differences
- Domestic Abuse
- Emancipation
- Modification
- Paternity
- Property Division
- Separate Maintenance
- Termination of Parental Rights
- UIFSA (formerly URESA)
- Other _____

Contract

- Breach of Contract
- Installment Contract
- Insurance
- Product Liability under Contract
- Specific Performance
- Other _____

Probate

- Accounting (Probate)
- Birth Certificate Correction
- Commitment
- Conservatorship
- Guardianship
- Heirship
- Intestate Estate
- Minor's Settlement
- Muniment of Title
- Name Change
- Power of Attorney
- Testate Estate
- Will Contest
- Other _____

Statutes/Rules

- Bond Validation
- Civil Forfeiture
- Declaratory Judgment
- ERISA
- Eminent Domain
- Extraordinary Writ
- Federal Statutes
- Injunction or Restraining Order
- Municipal Annexation
- Racketeering (RICO)
- Railroad
- Seaman
- Other _____

Appeals

- Administrative Agency
- County Court
- Hardship Petition (Driver License)
- Justice Court
- MS Employment Security Comm'n
- Municipal Court
- Oil & Gas Board
- Workers' Compensation
- Other _____

Children and Minors - Non-Domestic

- Adoption - Noncontested
- Consent to Abortion for Minor
- Removal of Minority

Torts-Personal Injury

- Bad Faith
- Fraud
- Loss of Consortium
- Malpractice - Legal
- Malpractice - Medical
- Negligence - General
- Negligence - Motor Vehicle
- Products Liability
- Wrongful Death
- Other _____

Mass Tort

- Asbestos
- Chemical Spill
- Dioxin
- Hand/Arm Vibration
- Hearing Loss
- Radioactive Materials
- Other _____

Real Property

- Adverse Possession
- Ejectment
- Eminent Domain
- Judicial Foreclosure
- Lien Assertion
- Partition
- Receiver Appointment
- Tax Sale: Confirmation/Cancellation
- Title, Boundary &/or Easement
- Other _____

Civil Rights

- Elections
- Habeas Corpus
- Post Conviction Relief
- Prisoner
- 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 2 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 Name Jr/Sr/III

___ Check (T) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate and Enter Style:

Estate of _____

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

Plaintiff #3:

Individual: _____ (_____)
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

Plaintiff #4:

Individual: _____ (_____)
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

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**

Plaintiff # _____:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate and Enter Style:

Estate of _____

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

Plaintiff # _____:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

Plaintiff # _____:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) 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 T ___ Not Attorney T ___

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 2 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 Name Jr/Sr/III

___ Check (T) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate and Enter Style:

Estate of _____

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

Defendant #3:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

Defendant #4:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

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 Name Jr/Sr/III

___ Check (T) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate and Enter Style:

Estate of _____

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

Defendant # _____:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

Defendant # _____:

Individual: _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

___ Check (T) 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 (T) if Business Defendant is filing suit 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 T ___ Not Attorney T ___

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(l)(iii) (Supp. 1999)

Information will be sent to the
ADMINISTRATIVE OFFICE OF COURTS AND
MDHS CHILD SUPPORT ENFORCEMENT DIVISION

CIVIL CASE DISPOSITION REPORT

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 _____

Dispositive of all Parties? Yes No, only the following Party(ies) _____

_____ No, only the following Attorney(s) _____
Name Bar No.

Enter Ruling Judge Bar No. _____ OR Ruling Judge Name _____

Date of Disposition _____
Month Day Year

Action: Ruling on Motion Ex Parte Temporary Hearing
 Contempt/Modification Settlement Conference Pre-Trial Conference
 Case Administration Discovery other than Motion Bench Trial
 Jury Trial Mediation Ordered

Damages Awarded: Compensatory: \$ _____ Punitive: \$ _____

(List Amount or Range Letter):

Range A = 1¢-\$500 Range B = \$501-1,000 Range C = \$1,001-10,000 Range D = \$10,001-50,000 Range E = \$50,001-100,000
Range F = \$100,000-500,000 Range G = \$500,000-1,000,000 Range H = \$1,000,000+ Range O = -0-

Method of Disposition:

<input type="checkbox"/> Default Judgment	<input type="checkbox"/> Final Judgment/Decree	<input type="checkbox"/> Bankruptcy Discharged
<input type="checkbox"/> Summary Judgment	<input type="checkbox"/> Judgment by Stipulation	<input type="checkbox"/> Estate Closed
<input type="checkbox"/> Dismissed without Prejudice	<input type="checkbox"/> Agreed Judgment	<input type="checkbox"/> Fiduciary Appointed
<input type="checkbox"/> Dismissed with Prejudice	<input type="checkbox"/> Orig. Judgment Modified	<input type="checkbox"/> Guardian/Conservatorship Appointed
<input type="checkbox"/> Dismissed, Lack of Prosec.	<input type="checkbox"/> Vacating Previous Ruling	<input type="checkbox"/> Protective Order (Check if Domestic Violence(____))
<input type="checkbox"/> Dismissed by Agreement	<input type="checkbox"/> New Trial Granted	<input type="checkbox"/> Commitment
<input type="checkbox"/> Change of Venue	<input type="checkbox"/> Foreign Judgment Closed	<input type="checkbox"/> Garnishment Issued
<input type="checkbox"/> Transferred	<input type="checkbox"/> Satisfaction of Judgment	<input type="checkbox"/> Garnishment Abeyance Order Issued
<input type="checkbox"/> Removed to Fed. Court	<input type="checkbox"/> Drivers License Reins./Hard.	<input type="checkbox"/> Garnishment Canceled: Bankruptcy
<input type="checkbox"/> Writ Issued	<input type="checkbox"/> Canceled	<input type="checkbox"/> Letters Rogatory
<input type="checkbox"/> Affirmed on Appeal	<input type="checkbox"/> Order of Mediation	<input type="checkbox"/> Case Consolidation
<input type="checkbox"/> Not Entered Yet	<input type="checkbox"/> Other(list) _____	

Was Child Support ordered in the disposition of the current matter? Yes No
If "Yes" was checked, make sure that Child Support Information Sheet was completed and submitted with the Civil Case Filing Form.