

**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 1/1/2001)

Court Identification			Case Year			Docket Number		
Docket Number								
County #	Judicial District	Court ID (CH, CI, CO)						
Month	Date	Year						

This area to be completed by clerk

Case Number if filed prior to 1/1/94 \_\_\_\_\_

Short Style of Case: \_\_\_\_\_ IN THE COURT OF COUNTY \_\_\_\_\_

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 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Jr/Sr/III/IV

Last Name      First Name      Maiden Name, if Applicable      Middle Init.

Address of Plaintiff \_\_\_\_\_

\_\_\_\_ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: \_\_\_\_\_

\_\_\_\_ 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 \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Jr/Sr/III/IV

Last Name      First Name      Maiden Name, if Applicable      Middle Init.

\_\_\_\_ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: \_\_\_\_\_

\_\_\_\_ 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 being sued 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 Employmt 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
  - Other
- 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 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

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COUNTY, MISSISSIPPI

JUDICIAL DISTRICT, CITY OF

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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 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. \_\_\_\_\_ - \_\_\_\_\_  
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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. \_\_\_\_\_ - \_\_\_\_\_  
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**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 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**

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**