COVER SHEET

Civil Case Filing Form
(To be completed by Attorney/Party

Court Identification Docket Number	Case Year	Docket Number
200.001110		
County # Judicial Court ID		
District (CH, CI, CO)		
		Local Docket ID
		2554. 255.161.12
Month Date Year		
This area to be completed by clerk		Case Number if filed prior to 1/1/94

Prior to Filing of Pleading)	District (CH, CI, CO)	Local Docket ID
e. tog oeaag		Local Docket ID
Mississippi Supreme Court Form AOC		
Administrative Office of Courts (Revised 1/1/20	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:		MC Par No
Party Filing Initial Pleading: Type/Print Name Check (🗸) if Not an Attorney Check (🗸)	if Pro Hac Vice Signature	MS Bar No.
Compensatory Damages Sought: \$	Punitive Damages Sought: \$	
	If "yoo" is shooked a	lease submit a completed Child Support
Is Child Support contemplated as an issue in this su		th Final Decree/Judgment
PLAINTIFF - PARTY(IES) INITIALLY BRINGING SUIT SHOULD BE EI		<u> </u>
	/	\
Individual Last Name F	irst Name Maiden Name, if Ap) oplicable Middle Init. Jr/Sr/III/IV
Address of Plaintiff	irst Name Maiden Name, if Ap	pplicable wilddle itilt. 31/31/11/1V
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 Agend	y, and enter entity:
D/B/A / Agency	, , , ,	
Business		
	corporation, partnership, agency - If Corporation, indicate state	
Check () if Business Plaintiff is filing suit in the name	e of an entity other than the above, and enter belo	W:
D/B/A:		
DEFENDANT - NAME OF DEFENDANT (FIRST NAME IN SHORT ST	ryle) - Enter Additional Defendants on Separa	TE FORM
Individual	()
Last Name F	irst Name Maiden Name, if Ap	oplicable Middle Init. Jr/Sr/III/IV
Check () if Individual Defendant is acting in capacity	as Executor(trix) or Administrator(trix) of an Estat	e, and enter style:
Estate of		
Check () if Individual Defendant is acting in capacity	/ as Business Owner/Operator (d/b/a) or State Age	ency, and enter entity:
D/B/A / Agency		
Business	accounting postposeship account If Comparation indicate state	uubana inaamanatad
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	· helow·
Check (✓) if Business Defendant is being sued in the D/B/A:	name of an entity other than the above, and enter	below:
Check (\(\sigma \)) if Business Defendant is being sued in the D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No.	name of an entity other than the above, and enter or Name:	
D/B/A:		Pro Hac Vice (✓)_
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (If known)		
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No.	or Name: Probate Accounting (Probate)	Pro Hac Vice (✓)_ Children and Minors - Non-Domestic Adoption - Noncontested
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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.	or Name: Probate Accounting (Probate) Birth Certificate Correction	Pro Hac Vice (✓) _ Children and Minors - Non-Domestic Adoption - Noncontested Consent to Abortion for Minor
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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	or Name: Probate Accounting (Probate) Birth Certificate Correction Commitment	Pro Hac Vice (✓) _ Children and Minors - Non-Domestic Adoption - Noncontested Consent to Abortion for Minor Removal of Minority
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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)	or Name: Probate Accounting (Probate) Birth Certificate Correction Commitment Conservatorship	Pro Hac Vice (✓) _ Children and Minors - Non-Domestic Adoption - Noncontested Consent to Abortion for Minor Removal of Minority Other
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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	or Name: Probate Accounting (Probate) Birth Certificate Correction Commitment	Pro Hac Vice (✓) _ Children and Minors - Non-Domestic Adoption - Noncontested Consent to Abortion for Minor Removal of Minority
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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)	Probate Accounting (Probate) Birth Certificate Correction Commitment Conservatorship Guardianship Heirship Intestate Estate	Pro Hac Vice (✓) _ Children and Minors - Non-Domestic Adoption - Noncontested Consent to Abortion for Minor Removal of Minority Other Torts-Personal Injury Bad Faith Fraud
D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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	Probate Accounting (Probate) Birth Certificate Correction Commitment Conservatorship Guardianship Heirship Intestate Estate Minor's Settlement	Pro Hac Vice (✓) _ 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
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D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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	Probate Accounting (Probate) Birth Certificate Correction Commitment Conservatorship Guardianship Heirship Intestate Estate Minor's Settlement Muniment of Title Name Change	Pro Hac Vice (✓) _ 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
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D/B/A: ATTORNEY FOR THIS DEFENDANT: Bar No. (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	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	Pro Hac Vice (✓) _ 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 - Legal Malpractice - Legal Negligence - General Negligence - General Negligence - Motor Vehicle Products Liability Wrongful Death Other Mass Tort Asbestos Chemical Spill Dioxin Hand/Arm Vibration Hearing Loss Radioactive Materials
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Insurance
Product Liability under Contract
Specific Performance
Other

Workers' Compensation

Habeas Corpus Post Conviction Relief Prisoner 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(✓)

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COUNTY, MISSISSIPPI

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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