

**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 #**

County # [ ][ ] Judicial District [ ][ ] Court ID (CH, CI, CO) [ ][ ][ ][ ]  
Month [ ][ ] Date [ ][ ][ ][ ] Year [ ][ ][ ][ ]

**Case Year**

[ ][ ][ ][ ][ ][ ]

**Docket Number**

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
Local Docket ID [ ][ ][ ][ ]

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

<b>Domestic Relations</b> Child Custody/Visitation Child Support Contempt Divorce: Fault Divorce: Irreconcilable Diff. Domestic Abuse Emancipation Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery UIFSA (eff 7/1/97; formerly URESA) Other _____	<b>Business/Commercial</b> Accounting (Business) Business Dissolution Debt Collection Employment Foreign Judgment Garnishment Replevin Other _____	<b>Children/Minors - Non-Domestic</b> Adoption - Contested Adoption - Uncontested Consent to Abortion Minor Removal of Minority Other _____	<b>Real Property</b> <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____
<b>Appeals</b> Administrative Agency County Court Hardship Petition (Driver License) Justice Court MS Dept Employment Security Municipal Court Other _____	<b>Probate</b> 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)	<b>Civil Rights</b> Elections Expungement Habeas Corpus Post Conviction Relief/Prisoner Other _____	<b>Torts</b> <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death Other _____
		<b>Contract</b> Breach of Contract Installment Contract Insurance Specific Performance Other _____	
		<b>Statutes/Rules</b> Bond Validation Civil Forfeiture <input type="checkbox"/> Declaratory Judgment Injunction or Restraining Order 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(✓) \_\_\_

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**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. \_\_\_\_\_ - \_\_\_\_\_  
File Yr Chronological No. Clerk's Local ID

Docket No. If Filed  
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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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 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**