

ATTENTION!

All persons applying for an Order of Protection:

**If you are seeking an Order of Protection and are not
represented by an attorney, please call:**

Legal Aid of Arkansas, Inc. at

1.800.952.9243

Monday thru Thursday

9:00 AM to 11:00 AM

1:00 PM to 3:00 PM

Multiple claims. If a complaint asserts multiple claims which involve different subject matter divisions of the circuit court, the cover sheet for that division which is most definitive of the nature of the case should be selected and completed.

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: DOMESTIC RELATIONS**

The domestic relations reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located on the back of the form.

FILING INFORMATION

County: _____ District: _____ Docket Number: DR

Judge: _____ Division: _____ Filing Date: _____

Plaintiff: _____ Defendant: _____
Last Name First Name Last Name First Name

Date of Marriage: _____
Month Day Year

Attorney Providing Information: _____ Address _____
 Plaintiff Defendant

Litigant, if Pro Se: _____

Related Case(s): Judge _____ Case Number(s) _____

Type of Case: (Select One)

IV-D Case (For OCSE use only)

- | | | |
|--|--|--|
| <input type="checkbox"/> (DV) Divorce | <input type="checkbox"/> (CS) Custody/Visitation | <input type="checkbox"/> (DA) Domestic Abuse |
| <input type="checkbox"/> (DS) Divorce w/Support | <input type="checkbox"/> (SP) Child Support | <input type="checkbox"/> (FJ) Foreign Judgment |
| <input type="checkbox"/> (AN) Annulment | <input type="checkbox"/> (PT) Paternity | <input type="checkbox"/> (CT) Contempt |
| <input type="checkbox"/> (SM) Separate Maintenance | <input type="checkbox"/> (PS) Paternity/Support | <input type="checkbox"/> (BA) Body Attachment |
| | | <input type="checkbox"/> (OT) Other _____ |

Manner of Filing: Original Re-Open Transfer

DISPOSITION INFORMATION

Disposition Date: _____ Bench Trial Non-Trial Jury Trial

- | | | |
|---|---|---|
| Decree or Judgment Type: | Dismissal Type: | Other: |
| <input type="checkbox"/> (JD) Divorce Granted | <input type="checkbox"/> (DW) Dismissed with Prejudice | <input type="checkbox"/> (TR) Transferred to Another Jurisdiction |
| <input type="checkbox"/> (OD) Other Decree | <input type="checkbox"/> (DN) Dismissed without Prejudice | |
| <input type="checkbox"/> (OJ) Other Judgment | | |

Family Information:

- There are no children born of the marriage.
- There are children born of the marriage; See Confidential Data AOC Form 35

Public Law 104-193 Information:

- | | | | |
|---|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> () Custody Placed With: | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant | <input type="checkbox"/> Other (Name) _____ |
| <input type="checkbox"/> () Child Support | <input type="checkbox"/> New | <input type="checkbox"/> Modified | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> () Spousal Support | <input type="checkbox"/> New | <input type="checkbox"/> Modified | <input type="checkbox"/> Terminated |
| <input type="checkbox"/> () Order of Protection | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Defendant | <input type="checkbox"/> Child |
| <input type="checkbox"/> () Income Withholding | | | |

Judgment Amount \$ _____

Clerk Signature _____
AOC 24 7-05
625 Marshall Street
Little Rock AR 72201

Date _____
Send 1 paper or electronic copy to AOC upon Filing.
Send 1 paper or electronic copy to AOC upon Disposition.
Keep original in Court file.

Effective 8-12-2005

CONFIDENTIAL INFORMATION
FOR USE ONLY BY THOSE AUTHORIZED BY
Arkansas Code Annotated 9-14-205

Custodial Parent/Custodian: _____

Residential Addr: _____
(Street) (City) (St) (Zip)

Mailing Addr: _____
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) _____ **(Cell)** _____

Social Security Number: _____ **DOB:** _____

Driver's License Number: (State) _____ **(Number)** _____

Employer's Name or Business: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Non-Custodial Parent: _____

Residential Addr: _____
(Street) (City) (St) (Zip)

Mailing Addr: _____
(Street or PO Box) (City) (St) (Zip)

Phone Numbers: (Home) _____ **(Cell)** _____

Social Security Number: _____ **DOB:** _____

Driver's License Number: (State) _____ **(Number)** _____

Employer's Name or Business: _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____

Children's Names and Birth Dates:

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Name: _____ **DOB:** _____ **SSN:** _____

Print or Type preparer's name: _____

Docket Number _____

OCSE Case Number _____

Style of Case _____

DEFENDANT INFORMATION PROTECTION ORDERS

PLEASE PRINT

FULL NAME OF DEFENDANT _____

SEX _____ RACE _____ SKIN TONE _____

HAIR COLOR _____ EYE COLOR _____ HEIGHT _____ WEIGHT _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SCARS, MARKS AND TATTOOS _____

MEDICAL CONDITIONS _____

VEHICLE DESCRIPTION

VEHICLE ID NUMBER (VIN) _____

MAKE _____ MODEL _____ STYLE _____ COLOR _____

YEAR _____ LICENSE PLATE NUMBER AND STATE _____

LAST KNOWN ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDITIONAL INFORMATION HELPFUL IN LOCATING SUBJECT _____

PLAINTIFF INFORMATION PROTECTION ORDERS

PLEASE PRINT

FULL NAME OF PROTECTED PERSON _____

SEX _____ RACE _____ DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER _____

#1 MINOR CHILD

NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____

#2 MINOR CHILD

NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____

#3 MINOR CHILD

NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____

#4 MINOR CHILD

NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____

#5 MINOR CHILD

NAME _____

SEX _____ RACE _____ DATE OF BIRTH _____

SIGNATURE OF PLAINTIFF

IN THE CIRCUIT COURT OF MISSISSIPPI, COUNTY ARKANSAS
CHICKASAWBA DISTRICT
DOMESTIC RELATIONS DIVISION

1. _____ PETITIONER

VS.

DR- 2010 -

2. _____ RESPONDENT

3. PETITIONER INFORMATION 4. RESPONDENT INFORMATION

RACE __ SEX __ D.O.B. _____

RACE __ SEX __ D.O.B. _____

() _____
Phone

Home Address

Work Address

PETITION FOR ORDER OF PROTECTION

5. I am the Petitioner and (check one)
 am at least 18 years of age, or
 under 18 years of age but emancipated.
6. I am filing on behalf of myself
7. I am filing on behalf of a family or household member who is:
 a minor whose name is _____ or
 an adjudicated incompetent person whose name is _____.
8. I am an employee or volunteer of a domestic violence shelter or program, and I am filing on behalf of a minor.
9. The Respondent is: (check one)
 at least 18 years of age, or
 under 18 but emancipated
10. The Respondent is a resident of the State of _____.
11. I am a resident of the State of _____.

12. The Petitioner and Respondent (or victim if filing on behalf of a minor or incompetent person): (check all that apply)
- are spouses
 - are former spouses
 - are parent and child
 - are related by blood
 - currently reside together or cohabit
 - have children in common
 - formerly resided together or cohabited; but separated on _____.
 - are presently or in the past have been in a dating relationship

13. Have you previously filed for an Order of Protection?
 Yes No. If yes, state the approximate date and the county in which the Petition was filed: _____.

14. Has an Order of Protection or No Contact Order been entered against you?
 Yes No. If yes, state the approximate date and the county in which the Order was entered: _____.

15. Is the Respondent a convicted felon?
 Yes No Unknown. If yes, state the approximate date and the county in which the convictions were entered: _____

16. Is the Respondent employed by one or more of the following organizations:
 Check all that apply:
- Police Department
 - Fire Department
 - Military (Active, Reserve, or National Guard)
 - Other organization that requires the use of firearms, please explain: _____

17. I am requesting (check all that apply):
 An Order of Protection for the children:
 Temporary custody of the children:
 Please list each child, their date of birth and the person with current physical custody of the children:

NAME	D.O.B.	RACE	CUSTODY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Is there and outstanding court order awarding custody, either temporary or permanent, of the child(ren)? Yes; No. If Yes, were you awarded custody of the child(ren) by that order? Yes; No

21. Petitioner requests that the court issue an ex-parte order of protection with the following provisions: (check all that are being requested)
- a) excluding Respondent from a shared residence or from the residence of the Petitioner or victim at _____.
 - b) excluding Respondent from the Petitioner's place of employment, business, school, or other location of Petitioner or victim.
Address of Place of Employment: _____.
Address of School: _____.
 - c) awarding the Petitioner the temporary custody of the minor child(ren) named in paragraph 17.
 - d) requiring Respondent to pay:
 - 1) child support in the amount of \$_____.
 - 2) Spousal support in the amount of \$_____.
 - e) excluding Petitioner's address from any Notice.
 - f) prohibiting the Respondent, directly or through an agent, from contacting Petitioner or victim, except under the following conditions: _____
-
-

22. It is further requested that upon hearing, the court issue a full order of protection to include a restraining order excluding Respondent from the place of employment, business, residence or school, awarding custody of children and requiring Respondent to pay child support and/or spousal support, and in addition, to pay filing fees, service fees, and Petitioner's attorney's fees.

The Petitioner, under oath and penalty of perjury, states that the facts stated in the above petition are true according to Petitioner's best knowledge and belief.

Petitioner

STATE OF ARKANSAS
COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 2010

Notary Public or Clerk

My Commission Expires:
