

COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: CIVIL

The civil 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 available at <https://courts.arkansas.gov>.

County: _____ **District:** _____ **Filing Date:** _____
Judge: _____ **Division:** _____ **Case ID:** _____

Type of case (select one that best describes the subject matter)

Torts

- ☐ (NM) Automobile
- ☐ (IT) Intentional
- ☐ (MP) Malpractice – Medical
- ☐ (MO) Malpractice – Other
- ☐ (LP) Premises – Liability
- ☐ (PL) Product Liability
- ☐ (DF) Slander/Libel/
Defamation
- ☐ (OD) Torts – Other

Contracts

- ☐ (BP) Buyer Plaintiff
- ☐ (EM) Employment Discrimination
- ☐ (EO) Employment – Other
- ☐ (DO) Seller Plaintiff (Debt Collection)
- ☐ (OC) Contract – Other

Real Property

- ☐ (CD) Condemnation/Eminent
Domain
- ☐ (UD) Landlord/Tenant –
Unlawful Detainer
- ☐ (UO) Landlord/Tenant –
Other
- ☐ (FC) Mortgage Foreclosure
- ☐ (QT) Real Property – Other

Miscellaneous Civil

- ☐ (AP) Administrative Appeal
- ☐ (AR) Petition to Seal Arrest
Record
- ☐ (EL) Election
- ☐ (FV) Foreign Judgment – Civil
- ☐ (FR) Fraud
- ☐ (IJ) Injunction
- ☐ (NC) Name Change
- ☐ (CF) Property Forfeiture
- ☐ (RF) Register AR Judgment
- ☐ (TS) Petition to Terminate Sex
Offender Registration Req. -
Out of State Judgment
- ☐ (WT) Writ - Other
- ☐ (OM) Civil – Other

Plaintiff		Defendant	
Company/ Last Name		Company/ Last Name	
Suffix		Suffix	
First Name		First Name	
DL/State ID		DL/State ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)

Attorney of Record: _____ **Bar #:** _____

For the: ☐ Plaintiff ☐ Defendant ☐ Intervenor **Email Address:** _____

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

Manner of filing (choose one): ☐ (MFO) Original ☐ (MFR+case type) Re-open
☐ (MFT) Transfer ☐ (MFF) Reactivate

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS

DIVISION

IN RE: _____

PETITION FOR CHANGE OF NAME

The petitioner, _____, hereby states:

1. Petitioner is over the age of eighteen (18) years and is a resident of

County, Arkansas.

2. Petitioner wishes to change his/her last name because _____

Therefore, she/he would like to be known henceforth as _____.

WHEREFORE, petitioner requests that an order be entered changing his/her name from

_____ to _____

Respectfully submitted,

Petitioner

VERIFICATION

I, _____, Petitioner, state that the statements contained in the foregoing Petition for Change of Name are true and correct to my knowledge and belief.

PETITIONER

ACKNOWLEDGMENT

STATE OF ARKANSAS)
_____) ss.
COUNTY OF _____)

Subscribed and sworn to before me on _____.

NOTARY PUBLIC

My Commission Expires:

(SEAL)

COUNTY, ARKANSAS

IN RE: _____

ORDER FOR NAME CHANGE

On this date, the petition of _____ is presented, the petitioner appearing in person, pro se, and the Court, from the petition filed herein, the testimony given, and other proof before the Court, finds:

The petitioner has shown reasonable cause for changing his/her name.

IT IS THEREFORE ORDERED that petitioner's name be changed from _____ to _____ and that petitioner petitioner shall hereinafter be known as _____, and IT IS IS FURTHER ORDERED that he/she shall sue and be sued, plead and be impleaded, by the name _____.

IT IS FURTHER ORDERED that the petition filed here in and this order be entered by the Clerk upon the record of this Court.

PREPARED BY:

**DISPOSITION SHEET
STATE OF ARKANSAS
CIRCUIT COURT: CIVIL**

The civil 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 available at www.arccourts.gov.

Case ID: _____

In Re: _____ **V** _____

Trial Type: (J) Jury Trial (B) Bench Trial (N) Non-Trial

Was an interpreter used for this case? Yes No

For whom? _____

Language: _____ Other: _____

Was any party self-represented for any portion of the case? Yes No

If so, who? Petitioner _____

Disposition Date: _____

Manner of Disposition (Choose one)

If consolidated, case ID: _____

Was a money judgment entered? Yes No Joint & Several

If yes, amount: _____

Judgment for	Amount	Judgment against	Amount