

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: PROBATE**

The probate 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 can be found at www.courts.arkansas.gov.

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

Type of case (choose one):

- | | |
|--|--|
| <input type="checkbox"/> (AD) Adoption | <input type="checkbox"/> (DE) Decedent Estate Administration |
| <input type="checkbox"/> (PC) Adult Protective Custody | <input type="checkbox"/> (GA) Guardianship of an Adult |
| <input type="checkbox"/> (AL) Alcoholic Commitment | <input type="checkbox"/> (GJ) Guardianship of a Juvenile |
| <input type="checkbox"/> (AA) Ancillary Administration | <input type="checkbox"/> (DC) Narcotic Commitment |
| <input type="checkbox"/> (CV) Civil Commitment | <input type="checkbox"/> (SE) Small Estate |
| <input type="checkbox"/> (CP) Conservatorship | <input type="checkbox"/> (TA) Trust Administration |
| | <input type="checkbox"/> (OP) Probate-Other |

In the Matter of: _____

Participant 1		Participant 2	
Participant Type		Participant Type	
Company/ Last Name		Company/ Last Name	
Suffix		Suffix	
First Name		First Name	
DLN/State ID/ Contexte ID		DLN/State ID/ Contexte 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	
Date of Death		Date of Death	
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 #:** _____

Party representing: _____ **Atty Email Address:** _____

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

- Manner of filing (choose one):**
- | | |
|---|--|
| <input type="checkbox"/> (MFO) Original | <input type="checkbox"/> (MFR+case type) Re-open |
| <input type="checkbox"/> (MFT) Transfer | <input type="checkbox"/> (MFF) Reactivate |