

**CIVIL CASE COVER SHEET (DOMESTIC RELATIONS)**

\_\_\_\_\_ COURT Docket No. \_\_\_\_\_

Date \_\_\_\_\_ Attorney of Record: \_\_\_\_\_

**I. Origin**  Original Proceeding  Case Reopened  Counter-claim  Cross-claim  3rd Party Claim  Intervening Claim  
 Answer/Initial Responsive Pleading  Other (Specify) \_\_\_\_\_

**II. Type of Action (Check one)**

361 Paternity  362 Legitimation  363 Adoption  364 Surrender  
 371 Divorce with minor children  372 Divorce without minor children  381 Order of Protection  391 Interstate Support-Incoming  
 392 Interstate Support-Outgoing  
 401 Other Domestic Relations (Specify) \_\_\_\_\_

**Petition for: (Reopened Cases)**  381 Order of Protection  382 Contempt  383 Residential Parenting/No Child Support  
 384 Residential Parenting/Child Support  385 Child Support  387 Wage Assignment Hearing  
 551 Other \_\_\_\_\_

**III. Check one:**  Affidavit to proceed *in forma pauperis*  Cost Bond  
Surety \_\_\_\_\_

**IV. JURY DEMAND** (Check YES only if demanded in complaint)  YES  NO

**V. RELATED CASES** (if any) Docket No. \_\_\_\_\_ Judge \_\_\_\_\_  
Date filed \_\_\_\_\_ Status \_\_\_\_\_

**VI. PLAINTIFF INFORMATION**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Last First Middle

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

ATTORNEY BPR # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
ATTORNEY'S PHONE \_\_\_\_\_

**VII. DEFENDANT INFORMATION**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_  
Last First Middle

DOB \_\_\_\_\_ Driver's License # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
CITY STATE ZIP

ATTORNEY BPR # \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
ATTORNEY'S PHONE \_\_\_\_\_

**VIII. TYPE OF SERVICE REQUIRED**

Out of County Sheriff  Publication (specify) \_\_\_\_\_  
 Local Sheriff  Other (specify) \_\_\_\_\_  
 Secretary of State Special Instructions \_\_\_\_\_