

COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: CRIMINAL

This cover sheet may be completed and filed for every defendant to allow for accurate recording of defendant and case information. The data 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. Instructions are available at arcourts.gov.

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

Is this an amendment? Yes No If yes, reason: _____

Case Type (choose one, based on the most serious charge):

Does this defendant have other active cases? Yes No Case IDs: _____
Is defendant being charged as habitual? Yes No
Is victim under the age of 14 (V)? Yes No

Defendant: _____ **Date of Birth:** _____

First Middle Last Suffix
DLN or State ID #: _____ **State:** _____ **SID #:** _____

Alias 1: _____ **Alias 2:** _____ **Alias 3:** _____

Address:
_____ Street _____ City _____ State _____ Zip

Race:

Ethnicity: Hispanic Non-Hispanic

Sex: Male Female

Plaintiff: State of Arkansas

Prosecuting Attorney: _____ **Bar #:** _____

Email Address: _____ **Phone:** _____

Prosecutor File #: _____

Interpreter needed for defendant? Yes No Language: _____ Other: _____

Manner of filing:

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The charges in the attached information include (continue on an additional sheet if necessary):

Code #	Offense name/Description	A/S/C	Offense Date	Counts	F/M	Class

Arrest Date: _____ **Arrest Tracking #:** _____

Other Defendants
(attach a cover sheet for each defendant):

Related Case IDs:
