

**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 other court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law of Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_

**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Type of Case (select only one):**

- |   |   |
|---|---|
| <input type="checkbox"/> (AN) Annulment (marriage date: _____)    | <input type="checkbox"/> (PT) Paternity                                   |
| <input type="checkbox"/> (CT) Contempt-Domestic Relations         | <input type="checkbox"/> (SM) Separate Maintenance (marriage date: _____) |
| <input type="checkbox"/> (CS) Custody                             | <input type="checkbox"/> (SS) Support (OCSE)                              |
| <input type="checkbox"/> (DV) Divorce (marriage date: _____)      | <input type="checkbox"/> (ST) Support-Private (non-OCSE)                  |
| <input type="checkbox"/> (FJ) Foreign Judgment-Domestic Relations | <input type="checkbox"/> (SU) Support-UIFSA                               |
| <input type="checkbox"/> (DA) Order of Protection                 | <input type="checkbox"/> (VI) Visitation                                  |

**Does this case involve the custody or support of minor children?**     Yes     No

*If yes, also file the completed Confidential Information Sheet.*

| Plaintiff           |  | Defendant           |  |
|---------------------|--|---------------------|--|
| Last Name           |  | 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: _____<br><input type="checkbox"/> No                      (language) | Interpreter needed? | <input type="checkbox"/> Yes: _____<br><input type="checkbox"/> No                      (language) |

**Attorney of Record:** \_\_\_\_\_ **Bar #:** \_\_\_\_\_

For the:     Plaintiff     Defendant    **Email Address:** \_\_\_\_\_

**Related Case(s):** Judge: \_\_\_\_\_ **Case ID(s):** \_\_\_\_\_

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

**IN THE CIRCUIT COURT OF BAXTER COUNTY, ARKANSAS  
DOMESTIC RELATIONS DIVISION**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Date of Birth

Vs. No. DR- \_\_\_\_\_

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Date of Birth

Petitioner's Home Address  
\_\_\_\_\_

Petitioner's Work Address  
\_\_\_\_\_  
\_\_\_\_\_

Respondent's Home Address  
\_\_\_\_\_

Respondent's Work Address  
\_\_\_\_\_  
\_\_\_\_\_

**PETITION FOR ORDER OF PROTECTION**

- I am the Petitioner and at least 18 years of age or  under 18 but emancipated
- I am filing on behalf of myself.
- I am filing on behalf of a family or household member who is:
  - a minor(s): (List) \_\_\_\_\_
  - an adjudicated incompetent person(s): (List) \_\_\_\_\_
- The Respondent is at least 18 years of age or  under 18 but emancipated
- I am an employee or volunteer of a domestic violence shelter or program, and I am filing on behalf of a minor.

**The Respondent and Petitioner (or Victim if filing on behalf of a minor or incompetent person):**

**(Check all that apply)**

- are spouses
- are parent and child
- are former spouses
- have or have had a child or children in common
- are related by blood
- currently reside together or cohabit
- formerly resided together or cohabitated
- are presently or in the past have been in dating relationship

If an Order of Protection of children is requested:

| Child's Name | Date of Birth | Address | Relationship to Parties |
|--------------|---------------|---------|-------------------------|
|              |               |         |                         |
|              |               |         |                         |
|              |               |         |                         |
|              |               |         |                         |

The Respondent has committed domestic abuse to the Petitioner or victim by the acts described in the **attached affidavit**.

I am afraid of the Respondent based upon the facts and circumstances in the **attached affidavit**.

**Please check all that apply:**

- (1) There is an immediate and present danger of domestic abuse to me.
- (2) The Respondent is scheduled to be released from incarceration within thirty (30) days and upon the Respondent's release there will be an immediate and present danger of domestic abuse to me.
- Petitioner requests that the Court issue an **Ex Parte Order of Protection** and a **Final Order of Protection** with the specific relief set out in the **attached Affidavit**, which is incorporated by reference herein.
- I am involved in pending litigation with the Respondent in the case of:

**Case No.:** \_\_\_\_\_

**Type of Case:** \_\_\_\_\_

**Circuit or District Court Judge:** \_\_\_\_\_

**County or City:** \_\_\_\_\_

- I have previously filed a petition for an Order of Protection against the Respondent in the following case or cases:

**Case No.:** \_\_\_\_\_

**Circuit or District Court Judge:** \_\_\_\_\_

**County or City:** \_\_\_\_\_

**VERIFICATION**

**The Petitioner under oath states that the facts stated in the above Petition are true according to the Petitioner's best knowledge and belief.**

Date: \_\_\_\_\_ Petitioners Signature: \_\_\_\_\_

State of Arkansas

County of Baxter

On this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that \_\_\_\_ he has executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_\_  
Notary Public

(SEAL)

**IN THE CIRCUIT COURT OF BAXTER COUNTY, ARKANSAS  
DOMESTIC RELATIONS DIVISION**

Petitioner: \_\_\_\_\_

Vs. Case No.: \_\_\_\_\_

Respondent: \_\_\_\_\_

**AFFIDAVIT ACCOMPANYING PETITION FOR ORDER OF PROTECTION**

The undersigned Petitioner in the above named Order of Protection Case having been duly sworn, states the following under penalty of perjury:

1. I am the Petitioner in the above-captioned case for a Petition for an Order of Protection against the named Respondent.
2. In good faith, I believe I am entitled to an Order of Protection against the Respondent, and I submit this Affidavit in accordance with Arkansas Code Annotated § 9-15-201(e) (2).
3. The specific facts and circumstance that have led to the filing of this Order of Protection are as follows (additional attached pages, if any, are incorporated by reference as if laid out herein word for word):

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4. These facts, together with the facts alleged in my accompanying Petition constitute my request for an **Ex-Parte Order of Protection** and **Final Order of Protection**.

5. I request that an **Ex-Parte Temporary Order of Protection** and a **Final Order of Protection** be entered granting me the following relief: (check all that apply)

Excluding the Respondent from a shared residence or from the residence of the Petitioner or victim. Address of residence: (Leave vacant if address to be excluded) \_\_\_\_\_  
\_\_\_\_\_.

Excluding the Respondent from the place of business, employment, school or other location of the Petitioner or victim.

**Place of Business:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Other:** (Identify) \_\_\_\_\_

Awarding temporary custody of minor children as follows:

| Child's Name | Person to Receive Custody |
|--------------|---------------------------|
|              |                           |
|              |                           |
|              |                           |
|              |                           |
|              |                           |

Requiring the Respondent to pay child support in the amount of \$ \_\_\_\_\_ per month.

Requiring the Respondent to pay spousal support in the amount of \$ \_\_\_\_\_ per month.

Requiring the Respondent to pay filing fees, service fees, Court costs and Petitioner's attorney fees.

Direct the care, custody, or control of the following pets: \_\_\_\_\_  
\_\_\_\_\_

Prohibit the respondent, directly or through an agent, from contacting the petitioner or victim, except under the following conditions: \_\_\_\_\_  
\_\_\_\_\_

Exclude the Petitioner's address from notice to the Respondent.

6. I further request any other relief as the Court deems necessary or appropriate pursuant to Arkansas Law.
7. I request that a hearing be set on this matter and that Notice be issued and served upon the Respondent.

\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
DATE

State of Arkansas  
County of Baxter

On this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that \_\_\_ he has executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

My Commission Expires:

\_\_\_\_\_  
Notary Public

(SEAL)

**RESPONDENT'S CONTACT INFORMATION**

Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Respondent's physical address: \_\_\_\_\_

Respondent's place of employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Work Phone: # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Respondent's Description:

Sex: M or F Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Cell phone # \_\_\_\_\_ DL# \_\_\_\_\_

Does the Respondent possess a firearm? Yes or No What type?: \_\_\_\_\_

Does the Respondent have a history of extreme violence? Yes or No

List any scars, birthmarks or tattoo's the Respondent has: \_\_\_\_\_

\_\_\_\_\_

Year, Make and Model of Respondent's Vehicle: \_\_\_\_\_

List any contact names and numbers where the Respondent may be located: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information that will assist law enforcement in getting the Respondent served:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

Custodial Parent/Custodian: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

Employer's Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Non-Custodial Parent: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License Number: (State) \_\_\_\_\_ (Number) \_\_\_\_\_

Employer's Name or Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Children's Names and Birth Dates:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Print or Type preparer's name: \_\_\_\_\_

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS

**NOTICE OF RIGHT TO CONSENT  
TO DISPOSITION OF CASE BY A STATE DISTRICT COURT JUDGE**

In accordance with Administrative Order Number 18, you are hereby notified that upon the consent of all the parties in a case, a State District Court Judge may be authorized to conduct all proceedings, including trial of the case and entry of a final judgment. Copies of appropriate consent forms are available from the Circuit Clerk.

You should be aware that your decision to consent or not to consent to the disposition of your case before a State District Court Judge is entirely voluntary, **and by consenting to the reference of this matter to a State District Court Judge, the parties waive their right to a jury trial**, and any appeal in the case shall be taken directly to the Arkansas Supreme Court or Court of Appeals as authorized by law.

You should communicate your consent by completing the Form -- **CONSENT TO PROCEED BEFORE A STATE DISTRICT COURT JUDGE** -- and return to the Circuit Clerk.