

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA
CIVIL COVER SHEET

Please Print or Type – All Information Required

TYPE OF CASE – CHECK ONE			
CIVIL	FAMILY & DOMESTIC	PROBATE	
<input type="checkbox"/> CJ Over \$10,000	<input type="checkbox"/> AI Artificial Insemination	<input type="checkbox"/> PB Probate	
<input type="checkbox"/> CS \$10,000 or less	<input type="checkbox"/> FA Adoption	<input type="checkbox"/> PC Conservatorship	
<input type="checkbox"/> CV Miscellaneous – civil	<input type="checkbox"/> FD Divorce	<input type="checkbox"/> PG Guardianship	
<input type="checkbox"/> SC Small Claims - \$5,000 or less	<input type="checkbox"/> FI Income Assignment	<input type="checkbox"/> PMI Probate Miscellaneous	
<input type="checkbox"/> SC Small Claims - \$5,001 to \$10,000	<input type="checkbox"/> FP Paternity – with NO custody/support	<input type="checkbox"/> PT Trust Proceedings	
<input type="checkbox"/> SC Small Claims - FED \$5,000 or less	<input type="checkbox"/> FP Paternity – WITH custody/support	<input type="checkbox"/> FB Full Blood	
<input type="checkbox"/> SC Small Claims - FED \$5,001 to \$10,000	<input type="checkbox"/> FR Reciprocal		
<input type="checkbox"/> TL Tax Lien	<input type="checkbox"/> FMI Miscellaneous		
Principal Cause of Action (describe)		Amount Enclosed or Paid	
Attorney Information			
Party or Parties Represented by this Attorney			
Attorney Name		Bar Number	
PO Box or Street Address		Name of Firm or Agency	
City, State, Zip	Phone	Fax	
Email address	Other attorneys (co-counsel)	Bar Number(s)	
Plaintiff Information			
Full Name (Last, First, Middle) or Entity Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing Address		Physical (Street) Address	
City, State, Zip	Date of Birth	Social Security #	
Phone	Cell Phone	Driver's License #	
Email Address		Maiden or any other name(s) used	
Defendant Information			
Full Name (Last, First, Middle) or Entity Name		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Mailing Address		Physical (Street) Address	
City, State, Zip	Date of Birth	Social Security #	
Phone	Cell Phone	Driver's License #	
Email Address		Maiden or any other name(s) used	
Summons Information	Petition & Summons to be Served By		
Number of Summons to be Issued by Court Clerk	<input type="checkbox"/> Issued to Attorney	<input type="checkbox"/> Sheriff	County:
	<input type="checkbox"/> Process Server	<input type="checkbox"/> Publication	<input type="checkbox"/> Registered/Certified Mail