

COVER SHEET
Civil Case Filing Form
*(To be completed by Attorney/Party
 Prior to Filing of Pleading)*

Mississippi Supreme Court
 Administrative Office of Courts

Form AOC/01
 (Revised 1/1/2001)

Court Identification Docket Number			Case Year	Docket Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			2016	422
County #	Judicial District	Court ID (CH, CI, CO)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Month Date Year			Local Docket ID	
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>	
This area to be completed by clerk			Case Number if filed prior to 1/1/94	

IN THE CHANCERY COURT OF LAFAYETTE COUNTY

Short Style of Case: _____
 Party Filing Initial Pleading: Type/Print Name Mona Pittman Signature [Signature] MS Bar No. 9754
 Check (✓) if Not an Attorney Check (✓) if Pro Hac Vice
 Compensatory Damages Sought: \$ _____ Punitive Damages Sought: \$ _____
Is Child Support contemplated as an issue in this suit? Yes No If "yes" is checked, please submit a completed Child Support Information Sheet with Final Decree/Judgment

PLAINTIFF - PARTY(IES) INITIALLY BRINGING SUIT SHOULD BE ENTERED FIRST (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL PLAINTIFFS ON SEPARATE FORM

Individual Crowder Phyllis (_____) _____
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV
 Address of Plaintiff _____
 Check (✓) if individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____
 Estate of _____
 Check (✓) if individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____
 D/B/A / Agency _____
 Business _____
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: _____
 D/B/A: _____

DEFENDANT - NAME OF DEFENDANT (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL DEFENDANTS ON SEPARATE FORM

Individual Reardon Matthew (_____) _____
 Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV
 Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____
 Estate of _____
 Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____
 D/B/A / Agency _____
 Business _____
 Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below: _____
 D/B/A: _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar No. _____ or Name: _____ Pro Hac Vice (✓) _____
 (If known)

In left hand column, check one (1) box that best describes the nature of this suit. In right hand column check all boxes which indicate secondary claims.

<p>Business/Commercial</p> <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Business Dissolution - Corporation <input type="checkbox"/> Business Dissolution - Partnership <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Examination of Debtor <input type="checkbox"/> Execution <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Pension <input type="checkbox"/> Receivership <input type="checkbox"/> Replevin <input type="checkbox"/> Stockholder Suit <input type="checkbox"/> Other _____ <p>Domestic Relations</p> <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input checked="" type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Differences <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> UIFSA (formerly URESA) <input type="checkbox"/> Other _____ <p>Contract</p> <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Product Liability under Contract <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____	<p>Probate</p> <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Other _____ <p>Statutes/Rules</p> <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> ERISA <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Extraordinary Writ <input type="checkbox"/> Federal Statutes <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Municipal Annexation <input type="checkbox"/> Racketeering (RICO) <input type="checkbox"/> Railroad <input type="checkbox"/> Seaman <input type="checkbox"/> Other _____ <p>Appeals</p> <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Employment Security Comm'n <input type="checkbox"/> Municipal Court <input type="checkbox"/> Oil & Gas Board <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other _____	<p>Children and Minors - Non-Domestic</p> <input type="checkbox"/> Adoption - Noncontested <input type="checkbox"/> Consent to Abortion for Minor <input type="checkbox"/> Removal of Minority <input type="checkbox"/> Other _____ <p>Torts - Personal Injury</p> <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Products Liability <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____ <p>Mass Tort</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Dioxin <input type="checkbox"/> Hand/Arm Vibration <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Radioactive Materials <input type="checkbox"/> Other _____ <p>Real Property</p> <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Receiver Appointment <input type="checkbox"/> Tax Sale: Confirmation/Cancellation <input type="checkbox"/> Title, Boundary &/or Easement <input type="checkbox"/> Other _____ <p>Civil Rights</p> <input type="checkbox"/> Elections <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief <input type="checkbox"/> Prisoner <input type="checkbox"/> Other _____
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