

COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: PROBATE

The probate reporting form and the information 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. This form is required pursuant to Administrative Order Number 8. Instructions can be found at www.courts.arkansas.gov.

County: _____ District: _____ Filing Date: _____

Judge: _____ Division: _____ Case ID: _____

Type of case (choose one):

- | | |
|---|--|
| ☐ (AD) Adoption | ☐ (DE) Decedent Estate Administration |
| ☐ (PC) Adult Protective Custody | ☐ (GA) Guardianship of an Adult |
| ☐ (AL) Alcoholic Commitment | ☐ (GJ) Guardianship of a Juvenile |
| ☐ (AA) Ancillary Administration | ☐ (DC) Narcotic Commitment |
| ☐ (CV) Civil Commitment | ☒ (SE) Small Estate |
| ☐ (C9) Conditional Release – Act 911 | ☐ (TA) Trust Administration |
| ☐ (CP) Conservatorship | ☐ (OP) Probate-Other |

In the Matter of: _____

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

If yes, also file the completed Confidential Information Sheet.

Participant 1		Participant 2	
Participant Type	Decedent	Participant Type	Petitioner
Company/ Last Name		Company/ Last Name	
Suffix		Suffix	
First Name		First Name	
DLN/State ID/ Contexte ID		DLN/State ID/ Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Self-represented	☐ Yes ☐ No	Self-represented	☐ Yes ☐ No
DOB		DOB	
Date of Death		Date of Death	
Interpreter needed?	☐ Yes: _____ ☐ No (language)	Interpreter needed?	☐ Yes: _____ ☐ No (language)

Attorney of Record: _____ Bar #: _____

Party representing: _____ Atty Email Address: _____

Related Case(s): Judge: _____ Case ID(s): _____

Manner of filing (choose one): ☐ (MFO) Original ☐ (MFR+case type) Re-open
☐ (MFT) Transfer ☐ (MFF) Reactivate

LIST ADDITIONAL PARTIES IF NEEDED

COVER SHEET STATE OF ARKANSAS CIRCUIT COURT: PROBATE

Additional Probate Case Party Information. Attach this and additional pages if needed.

If amending an existing case to add parties, include:

Case ID: _____ Case Styling: _____

Participant type:		Participant type:	
Company/ Last Name		Company/ 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	☐ Yes ☐ No	Self-represented	☐ Yes ☐ No
DOB		DOB	
Interpreter needed?	☐ Yes: _____ ☐ No (language)	Interpreter needed?	☐ Yes: _____ ☐ No (language)

Participant type:		Participant type:	
Company/ Last Name		Company/ 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	☐ Yes ☐ No	Self-represented	☐ Yes ☐ No
DOB		DOB	
Interpreter needed?	☐ Yes: _____ ☐ No (language)	Interpreter needed?	☐ Yes: _____ ☐ No (language)

NO. _____

_____, deceased

[illegible]

6. The names, ages, relationships to the decedent and residence addresses of the persons entitled to receive the property of the decedent as surviving spouse, heirs or devisees of decedent's will are:

Name	Age	Relationship	Residence Address

7. THEREFORE, the distributee[s] of this estate shall be entitled to distribution of the property identified above, without the necessity of an order of the court or other proceeding, upon furnishing a copy of this Affidavit, certified by the clerk, to any person owing any money, having custody of any property, or acting as registrar or transfer agent of any evidence of interest, indebtedness, property or right of the decedent.

DATED this _____ day of _____, 20 _____

(Affiant)

(Affiant)

(Affiant)

STATE OF ARKANSAS
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SEAL) _____

CERTIFICATE OF CLERK

The undersigned clerk of the Probate Court of Garland County, Arkansas, certifies that the foregoing is a true copy of an affidavit filed in this Court on the _____ day of _____, 20 _____, that the same remains on file and that no petition for the appointment of a personal representative of the estate described in the caption has been filed in this Court.

DATED this _____ day of _____, 20 _____

SARAH SMITH, Clerk

By _____ Deputy Clerk

(SEAL)