

**FOR INTERNAL USE ONLY**

THIS SHEET WILL NOT BECOME PART OF THE PUBLIC RECORD, AND WILL BE USED FOR INTERNAL CASE TRACKING PURPOSES.

**DOMESTIC RELATIONS COVER SHEET**

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY  
STATE OF OKLAHOMA

PLAINTIFF \_\_\_\_\_  
v.  
DEFENDANT \_\_\_\_\_

☐ FD  
☐ FR  
☐ FP  
☐ FI  
☐ PA

CASE NO. \_\_\_\_\_

**PARTY INFORMATION**

THE INFORMATION BELOW IS REQUIRED OF EACH PARTY IN THE CASE.

PARTY TYPE: ☐ PLAINTIFF ☐ DEFENDANT ☐ OTHER \_\_\_\_\_

COMPANY OR LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX (MR., ETC.)	SUFFIX (SR., ETC.)
----------------------	------------	-------------	--------------------	--------------------

**STREET ADDRESS**

_____	ADDRESS TYPE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER _____
_____	DRIVERS LICENSE # (FEDERAL TAX ID FOR CORPORATE OR ENTITY PARTIES)
_____	_____

CITY	STATE	ZIP	TELEPHONE	DATE OF BIRTH	DRIVERS LICENSE STATE
------	-------	-----	-----------	---------------	-----------------------

**ATTORNEY INFORMATION**

IF LICENSED IN OKLAHOMA, FILL IN ADDRESS INFORMATION ONLY IF IT IS NEW SINCE THEY WERE REGISTERED WITH THE OKLAHOMA BAR ASSOCIATION. ATTACH ADDITIONAL COVER SHEETS FOR ADDITIONAL ATTORNEYS. ALL ATTORNEYS SHOULD BE LISTED. NOTE: ADDRESS CHANGES ARE EFFECTIVE IN ALL OCIS COUNTIES.

COMPANY OR LAST NAME	FIRST NAME	MIDDLE NAME	PREFIX (MR., ETC.)	SUFFIX (SR., ETC.)
----------------------	------------	-------------	--------------------	--------------------

**STREET ADDRESS**

_____	ADDRESS TYPE <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> OTHER _____
_____	EMAIL ADDRESS
_____	_____

CITY	STATE	ZIP	TELEPHONE	BAR NUMBER AND STATE
------	-------	-----	-----------	----------------------

**SUMMONS INFORMATION**

NUMBER OF SUMMONS TO BE ISSUED _____	PETITION TO BE SERVED BY: <input type="checkbox"/> SHERIFF OF _____ COUNTY
	<input type="checkbox"/> PROCESS SERVER <input type="checkbox"/> PUBLICATION <input type="checkbox"/> BY HAND
	<input type="checkbox"/> REGISTERED MAIL <input type="checkbox"/> GIVEN TO THE ATTORNEY OF RECORD <input type="checkbox"/> OTHER

**CLAIMS OF RELIEF REQUESTED (CIRCLE PRIMARY RELIEF, CHECK ALL OTHERS)**

<input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATE MAINTENANCE <input type="checkbox"/> ANNULMENT <input type="checkbox"/> CIVIL PATERNITY <input type="checkbox"/> APPEAL ON ADMINISTRATIVE ORDER <input type="checkbox"/> RECIPROCAL OUTGOING <input type="checkbox"/> CHILD CUSTODY <input type="checkbox"/> HABEAS CORPUS <input type="checkbox"/> PROTECTIVE ORDER <input type="checkbox"/> TEMPORARY EMERGENCY PROTECTIVE ORDER <input type="checkbox"/> REG OF FOREIGN JUDGEMENT <input type="checkbox"/> VISITATION GRANDPARENT(S) <input type="checkbox"/> DOMESTIC MISCELLANEOUS <input type="checkbox"/> WAS THERE PREMARITAL COUNSELING? <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)	INCOME ASSIGNMENT  <u>ORIGINAL &amp; POST JUDGMENT ACTIONS</u> <u>RELIEF INVOLVES (check all that apply):</u> <input type="checkbox"/> MINOR CHILD(REN) OF THIS RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO (check one) IF YES, HOW MANY _____ <input type="checkbox"/> CUSTODY <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> VISITATION <input type="checkbox"/> VISITATION (other than parent) <input type="checkbox"/> PROPERTY DIVISION <input type="checkbox"/> DEBT DIVISION <input type="checkbox"/> ALIMONY <input type="checkbox"/> INDIAN CHILD WELFARE ACT <input type="checkbox"/> RESTRAINING ORDER PROPERTY <input type="checkbox"/> RESTRAINING ORDER PERSON <input type="checkbox"/> RESTORATION OF FORMER NAME <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____
<u>POST JUDGEMENT ACTION (check all that apply):</u> <input type="checkbox"/> MODIFICATION OF DECREE <input type="checkbox"/> SET ASIDE DECREE/RESCIND FINAL ORDER <input type="checkbox"/> APPLICATION FOR CONTEMPT (CHILD SUPPORT OR OTHER) <input type="checkbox"/> ENFORCEMENT OF JUDGEMENT	

**THIS COVER SHEET IS REQUIRED TO BE SUBMITTED BY ALL PARTIES WITH THEIR INITIAL FILING. THIS DOCUMENT IS REQUIRED BY SUPREME COURT ADMINISTRATIVE DIRECTIVE SCAD-1999-87.**

**REVISION 5-16-2000**