

STATE OF NORTH CAROLINA

File No. _____

In The General Court Of Justice
District Court Division

_____ County

Name And Address Of Plaintiff 1

Name And Address Of Plaintiff 2

DOMESTIC

CIVIL ACTION COVER SHEET

INITIAL FILING SUBSEQUENT FILING

Rule 5(b), Rules of Practice For Superior and District Courts

VERSUS

Name Of Defendant 1

Summons Submitted

Yes No

Name Of Defendant 2

Summons Submitted

Yes No

Counsel for

All Plaintiffs All Defendants Only (List party(ies) represented)

Name And Address Of Attorney Or Party, If Not Represented (complete for initial appearance or change of address)

Attorney Bar No.

Initial Appearance in Case

Change of Address

Name Of Firm

Tax ID No.

Telephone No.

FAX No.

Jury Demanded In Pleading? No Yes

TYPE OF PLEADING

CLAIMS FOR RELIEF FOR:

(check appropriate box)

- Amended Answer/Reply (AMND-Response)
- Amended Complaint (AMND)
- Answer/Reply (ANSW-Response)
- Complaint (COMP)
- Confession Of Judgment (CNFJ)
- Counterclaim vs. (CTCL)
 - All Plaintiffs Only (List on back)
- Crossclaim vs. (List on back) (CRSS)
- Extend Time For An Answer (MEOT-Response)
- Rule 12 Motion In Lieu Of Answer (MDLA)
- Other: (specify)

(check all that apply)

- Alimony (ALIM)
- Annulment (ANUL)
- Child Support (CSUP)
- Custody (CUST)
- Divorce (DIVR)
- Divorce From Bed And Board (DIVB)
- Domestic Violence (DOMV)
- Equitable Distribution (EQUD)
- Medical Coverage (MEDC)
- Paternity (PATR)
- Possession Of Personal Property (POPP)
- Post Separation Support (PSSU)
- Reimbursement For Public Assistance (RPPA)
- Visitation (VIST)
- Other: (specify)

Date

Signature Of Attorney/Party

NOTE: The initial filing in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings in civil actions, the filing party must either include a cover sheet or the filing must comply with G.S. 7A-34.1.

No.	<input type="checkbox"/> Additional Plaintiff(s)	Tax ID/SSN

No.	<input type="checkbox"/> Additional Defendant(s)	<input type="checkbox"/> Third Party Defendants	Tax ID/SSN	Summons Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Plaintiff(s) Against Whom Counterclaim Asserted

Defendant(s) Against Whom Crossclaim Asserted
