

## SMALL ESTATE INFORMATION

**There is a \$25.00 charge due at the time the Affidavit is filed.**

**There is a Cover Sheet and Disposition Sheet that must be filled out when the case is filed. Instructions are included in this packet along with the forms to be filled out. Our office will supply the District, Judge, Division and Case ID at the time the Affidavit is filed.**

**On the front page of the affidavit we will supply the No. when it is filed.**

**The front page of the affidavit must be filled out completely and page 2 through number 6.**

**The Affidavit must be signed in front of a Notary Public.**

**We will fill out the Certificate of Clerk when it is filed in our office.**

**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](http://www.courts.arkansas.gov).

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_  
**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Type of case (choose one):**

- |  |  |
|--|--|
| <input type="checkbox"/> (AD) Adoption                 | <input type="checkbox"/> (DE) Decedent Estate Administration |
| <input type="checkbox"/> (PC) Adult Protective Custody | <input type="checkbox"/> (GA) Guardianship of an Adult       |
| <input type="checkbox"/> (AL) Alcoholic Commitment     | <input type="checkbox"/> (GJ) Guardianship of a Juvenile     |
| <input type="checkbox"/> (AA) Ancillary Administration | <input type="checkbox"/> (DC) Narcotic Commitment            |
| <input type="checkbox"/> (CV) Civil Commitment         | <input type="checkbox"/> (SE) Small Estate                   |
| <input type="checkbox"/> (CP) Conservatorship          | <input type="checkbox"/> (TA) Trust Administration           |
|  | <input type="checkbox"/> (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	
<b>Participant Type</b>		<b>Participant Type</b>	
<b>Company/ Last Name</b>		<b>Company/ Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
DLN/State ID/ Contexte ID		DLN/State ID/ Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Date of Death		Date of Death	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> 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

**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: \_\_\_\_\_

<b>Participant type:</b>		<b>Participant type:</b>	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)
<b>Participant type:</b>		<b>Participant type:</b>	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)

**COVER SHEET INSTRUCTIONS**  
**STATE OF ARKANSAS**  
**CIRCUIT COURT: PROBATE**

The probate reporting form and the information contained herein is intended for case assignment and statistical purposes. It 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. The Filing Information must be completed by the attorney or self-represented litigant filing an initial pleading with the court Clerk. The Clerk shall not accept the pleading unless accompanied by this completed reporting form.

- Fill in the blanks for county and district (in counties with dual county seats) where this pleading is being filed. The clerk will assign the case ID. The filing date is the month, day, and year you are filing this pleading. Fill in the blanks for Judge's name and division. In a multi-judge county, the clerk will tell you the correct name and division or will complete this information.
- Select the type of case that best describes the subject matter of the pleading you are filing.
- Fill in the name of the case as it appears in the style of the pleading you are filing.
- Provide information regarding participants to the case, including the participant type (e.g., decedent, minor, executor, guardian, petitioner, respondent). Provide first name, last name, and suffix (sr., jr., III, etc.) as well as any other additional information. If the driver's license number or state ID number are known, include that number. Include the date of birth if known.
  - If this is an adoption case originating from juvenile court, include the Contexte ID number for the minor being adopted.
  - Check yes for "self-represented" if you are representing yourself, meaning you do not have an attorney. If you are representing yourself, your address is required.
  - if this is an estate case, include the date of death.
  - If an interpreter will be needed, indicate in what language and for whom.
- Fill in the name, bar number, party representing, and the email address of the attorney of record. If the attorney of record changes, file an entry of appearance. If you are representing yourself, leave the attorney line blank.
- Reference any related case(s).
- Complete the manner of filing. For the purposes of this reporting form, the following definitions apply.
  - Original: a filing of a complaint or petition at the beginning of a case (including an adoption which originated in juvenile court).
  - Re-open: a case which has been disposed but is now being resubmitted to the court.
  - Transfer: a case filed with this court from another court due to invalid jurisdiction, venue, etc.
  - Reactivate: a case previously made inactive.

**DISPOSITION SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: PROBATE**

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Case ID: \_\_\_\_\_ In the matter of: \_\_\_\_\_

Trial Type:  (B) Bench Trial  (N) Non-Trial

Was an interpreter used for this case?  Yes  No

For whom? \_\_\_\_\_

Language:  Spanish  Sign Language  Other: \_\_\_\_\_

Was any party self-represented for any portion of the case?  Yes  No

If so, who? \_\_\_\_\_

Disposition Date: \_\_\_\_\_

**Manner of Disposition (Choose one)**

- (MDCO) Consolidated into case ID: \_\_\_\_\_
- (MDDM) Dismissed
- (MDJD) Judgment/Decree/Order
- (MDRB) Removed to bankruptcy court
- (MDTR) Transferred to another circuit court

Is this case set for review (typical of guardianships)?  Yes (MSSD)  No (JUCO)  
*No indicates that the case is closed and no court monitoring is legally required.*

**If this case involved guardianship (CSINF):**

Guardian name: \_\_\_\_\_  
first name last name

Child support ordered:  New  Modified  Terminated  N/A

Person ordered to pay child support: \_\_\_\_\_  
first name last name

Was there an order of protection in this case?  Yes  No

If yes, person(s) protected under the order: \_\_\_\_\_

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**DISPOSITION SHEET INSTRUCTIONS**  
**STATE OF ARKANSAS**  
**CIRCUIT COURT: PROBATE**

The probate disposition form shall be completed and submitted by the attorney or other appropriate official as designated by the trial court. This form shall be filed with the court clerk.

- On the first line, include the case ID and the case styling.
- Select the trial type. Select bench trial if evidence was introduced, even if a judgment was not reached. Non-trial types include any type of disposition that does not involve a bench trial.
- Answer whether an interpreter was used for the case and, if so, for whom and in what language.
- Answer whether any party was self-represented for any part of the case and, if so, who.
- Enter the disposition date. The disposition date is the date the order is filed.
- Choose the appropriate manner of disposition.
- Indicate whether this case is set for review. Set for review indicates that the court has an obligation to review the case, such as in guardianship cases where an annual report to the court is required or in adult protective custody cases that the court is required to annually review.
- If this was a guardianship case, complete the information about the guardian name, whether child support was ordered, and whether there was an order of protection. List all individuals protected under an order of protection. This information is needed by OCSE and is required by Public Law 104-193.

IN THE CIRCUIT COURT OF JACKSON COUNTY, ARKANSAS  
PROBATE DIVISION

IN THE MATTER OF THE ESTATE OF

\_\_\_\_\_, DECEASED NO. \_\_\_\_\_

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE BY DISTRIBUTEES

\_\_\_\_\_

and \_\_\_\_\_, for the purpose of dispensing with administration of this estate of \_\_\_\_\_, deceased, state on oath:

1) The decedent \_\_\_\_\_, aged \_\_\_\_\_, who resided at \_\_\_\_\_, in Jackson County, Arkansas, died at \_\_\_\_\_, on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. No petition for the appointment of a personal representative for the decedent's estate is pending or has been granted.

2) More than forty-five (45) days have elapsed since decedent's death.

3) The value, less encumbrances, of all property owned by the decedent at the time of death, excluding the homestead of and the statutory allowances for the benefit of a spouse or minor children, if any, of the decedent, does not exceed one hundred thousand dollars (\$100,000.00).

4) There are no unpaid claims or demands against the decedent or the decedent's estate, and the Department of Human Services furnished no federal or state benefits to the decedent (or, that if such benefits have been furnished, the Department of Human Services has been reimbursed in accordance with state and federal laws and regulations).

5) An itemized description and valuation of the decedent's personal property; a legal description and valuation of the decedent's real property, including homestead, if any; and the names and addresses of persons having possession thereof or residing on any of the decedent's real property, are:

DESCRIPTION OF PROPERTY, AND EXTENT  
AND DETAILS OF ENCUMBRANCES, IF ANY

VALUATION LESS  
ENCUMBRANCES

IN POSSESSION OF

DESCRIPTION OF PROPERTY, AND EXTENT AND DETAILS OF ENCUMBRANCES, IF ANY	VALUATION LESS ENCUMBRANCES	IN POSSESSION OF
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
(Affiant)

**STATE OF ARKANSAS**  
**COUNTY OF \_\_\_\_\_.**

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Official Title)

My commission expires: \_\_\_\_\_

**CERTIFICATE OF CLERK**

The undersigned Clerk of the Probate Division of Circuit Court of Jackson County, Arkansas, certifies that this is a true copy of an affidavit filed in this court on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the affidavit remains on file and that no petition for the appointment of a personal representative of this estate has been filed in this Court.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Clerk.

By \_\_\_\_\_ Deputy Clerk.