



2009 OK 87

FILED  
SUPREME COURT  
STATE OF OKLAHOMA

NOV 24 2009

IN THE SUPREME COURT OF THE STATE OF OKLAHOMA

MICHAEL S. RICHIE  
SCAD CLERK

Administrative Directive No. 2009 - 101

Re: District Court Numbering System, Case Types, and Cover Sheets

Five previous Administrative Directives have been issued by this court regarding a uniform numbering system, case types/prefixes and/or cover sheets for the district courts. Each of these directives (No. 68-1, 89-1, 89-7, 92-06 and 99-87) is amended as it relates to the subject matter of this new directive.

Effective January 1, 2010, all district courts shall adopt a uniform case numbering system. All cases shall bear a case prefix, then a hyphen and then all four digits of the calendar year, which shall be followed by a hyphen and the number of the case. Cases shall be consecutively numbered within a calendar year.

Beginning January 1, 2010, and on each January 1 thereafter, the four digits of the calendar year designation shall be changed and the consecutive case number shall begin again with number 1. Case numbers must be assigned by the District Court Clerks to ensure that the cases remain in sequence.

Effective January 1, 2010, each court shall adopt and exclusively use the case types/prefixes set forth on attached Exhibit "A" which is incorporated herein by reference. If other case types/prefixes are needed in the future for the orderly filing of cases, the Administrative Director of the Courts may present recommended changes or new case types/prefixes to the Chief Justice for approval.

Effective January 1, 2010, each district court shall adopt and use the attached civil and criminal cover sheets. These cover sheets shall accompany each party's initial filing in a case.

The new cover sheets are not to be filed, nor made a part of the case. The clerk of the court shall destroy each cover sheet within thirty days.

Approved by the Supreme Court this 23rd day of November, 2009.

A handwritten signature in cursive script, appearing to read "J. Edmondson".

Chief Justice

CONCUR: EDMONDSON, C.J., TAYLOR, V.C.J., WATT, WINCHESTER, COLBERT,  
REIF, JJ.

CONCURS IN PART; DISSENTS IN PART: KAUGER, J.

NOT VOTING: HARGRAVE, OPALA, JJ.

## Exhibit "A"

### Index

- I. Civil Proceedings
- II. Criminal Proceedings
- III. Family and Domestic Proceedings
- IV. Juvenile Proceedings
- V. Licenses
- VI. Miscellaneous Filings
- VII. Probate and Trust Proceedings

## Civil Proceedings

<u>Case Prefix</u>	<u>Description</u>
AO	Civil Administrative
CJ	Civil Cases in which the relief sought exceeds \$10,000
CS	Civil Cases seeking money damages in which the relief sought does not exceed \$10,000
CV	Miscellaneous Civil Cases
GJ	Grand Jury or Multicounty Grand Jury Cases
SC	Small Claims Cases in which the monetary relief is less than \$6,000
TL	Tax Liens

## Criminal Proceedings

<u>Case Prefix</u>	<u>Description</u>
AM	Anna McBride Act – Mental Health Court
CA	Cost Administration
CF	Criminal Felony Proceedings
CM	Criminal Misdemeanor Proceedings
CPC	Criminal Probable Cause
DC	Drug Court
DTR	Declined Traffic Tickets
MI	Criminal Miscellaneous Proceedings
NF	Criminal Proceedings – Not Filed
SW	Search Warrants
TR	Traffic Tickets
WL	Wildlife

## Family and Domestic Proceedings

<u>Case Prefix</u>	<u>Description</u>
AI	Artificial Insemination
FA	Adoption Proceedings
FD	Family and Domestic Proceedings
FI	Income Assignment Proceedings
FMI	Family and Domestic Miscellaneous Proceedings
FP	Paternity Proceedings
FR	Reciprocal Child Support Cases

## Juvenile Proceedings

<u>Case Prefix</u>	<u>Description</u>
JD	Juvenile Deprived Proceedings
JDH	Juvenile Deprived Show Cause Hearings
JDHT	Juvenile Mental Health
JDL	Juvenile Delinquency Proceedings
JDLH	Juvenile Delinquency Show Cause Hearings
JMI	Juvenile Miscellaneous
JS	Juvenile in Need of Supervision Proceedings
JT	Juvenile in Need of Treatment Proceedings

## Licenses

<u>Case Prefix</u>	<u>Description</u>
BL	Bondsman License
BV	Beverage License
CO	Closing Out Sale
FS	Foreign Process Server
MC	Ministers Credentials
ML	Marriage License
PP	Passports
PH	Pool Hall
PS	Process Server
PSS	Process Server / State-wide
TM	Transient Merchants License

## Miscellaneous Filings

<u>Case Prefix</u>	<u>Description</u>
CP	Criminal Property Proceedings
MH	Mental Health
MR	Miscellaneous Receipts
MRC	Miscellaneous Receipts – Criminal
MRCV	Miscellaneous Receipts – Civil Cases
MRFD	Miscellaneous Receipts – Family Domestic
MRPB	Miscellaneous Receipts – Probate
MRSC	Miscellaneous Receipts – Small Claims
SD	Surface Damage
WH	Writs of Habeas Corpus
PO	Protective Orders

## Probate and Trust Proceedings

<u>Case Prefix</u>	<u>Description</u>
FB	Full Blood Filings
PB	Probate Proceedings
PC	Conservatorship
PG	Guardianships
PMI	Probate Miscellaneous Proceedings
PT	Trust Proceedings
WIL	Filing of Wills

Exhibit B

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

CIVIL COVER SHEET

TYPE OF CASE (MUST CHECK ONE) & ALL INFORMATION REQUIRED

CIVIL

CJ \_\_\_\_\_ (over \$10,000)
CS \_\_\_\_\_ (under \$10,000)
CV \_\_\_\_\_ (Miscellaneous Civil)
SC \_\_\_\_\_ (Small Claims-less than \$6,000)
SC \_\_\_\_\_ (Forcible E & D up to \$1,500)

FAMILY AND DOMESTIC

AI \_\_\_\_\_ (Artificial Insemination)
FA \_\_\_\_\_ (Adoption)
FD \_\_\_\_\_ (Divorce)
FI \_\_\_\_\_ (Income Assignment)
FP \_\_\_\_\_ (Paternity)
FR \_\_\_\_\_ (Reciprocal)
FMI \_\_\_\_\_ (Miscellaneous)

PROBATE

PB \_\_\_\_\_ (Probate)
PC \_\_\_\_\_ (Conservatorship)
PG \_\_\_\_\_ (Guardianship)
FB \_\_\_\_\_ (Full Blood)

PRINCIPLE CAUSE OF ACTION: \_\_\_\_\_ AMOUNT ENCLOSED: \$ \_\_\_\_\_

Defendant's Initial Pleading-Entry of Appearance/Answer/ 3rd Party Petition Existing Case No. \_\_\_\_\_

(MUST FILL OUT FOLLOWING INFORMATION)

ATTORNEY INFORMATION:

Party Representing: \_\_\_\_\_
Name: \_\_\_\_\_ Firm: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
Bar # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

PLAINTIFF INFORMATION

NAME: \_\_\_\_\_ LAST FIRST MIDDLE
ADDRESS: \_\_\_\_\_ MAILING ADDRESS PHYSICAL ADDRESS
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO./EIN \_\_\_\_\_
D.L. NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_
CELL PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DEFENDANT INFORMATION

NAME: \_\_\_\_\_ LAST FIRST MIDDLE
ADDRESS: \_\_\_\_\_ MAILING ADDRESS PHYSICAL ADDRESS
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO./EIN \_\_\_\_\_
D.L. NO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_
CELL PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SUMMONS INFORMATION

NUMBER OF SUMMONS TO BE ISSUED: \_\_\_\_\_ SUMMONS TO BE ISSUED BY COURT CLERK \_\_\_\_\_

PETITION & SUMMONS TO BE SERVED BY:

ISSUED TO ATTORNEY NO SUMMON ISSUED SHERIFF COUNTY: \_\_\_\_\_
PROCESS SERVER: \_\_\_\_\_ PUBLICATION \_\_\_\_\_ REGISTERED /CERTIFIED MAIL \_\_\_\_\_

Exhibit B

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

**CRIMINAL COVER SHEET**

STATE OF OKLAHOMA

vs

Defendant \_\_\_\_\_

CF \_\_\_\_\_ (Felony)  
 CM \_\_\_\_\_ (Misdemeanor)  
 JDL \_\_\_\_\_ (Juvenile Delinquent)  
 JS \_\_\_\_\_ (Juvenile/Supervision)  
 JT \_\_\_\_\_ (Juvenile/Treatment)  
 JD \_\_\_\_\_ (Juvenile/Deprived)  
 JDHT \_\_\_\_\_ (Juvenile/Mental)  
 JDLH \_\_\_\_\_ (Juvenile/Show Cause)

**DEFENDANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Address Type:    H    W    Other Phone: Home# \_\_\_\_\_ Phone: Cell# \_\_\_\_\_  
 Phone: Work# \_\_\_\_\_ Email: \_\_\_\_\_ Date/Birth: \_\_\_\_\_  
 Driver License #: \_\_\_\_\_ Driver License State: \_\_\_\_\_ SS#/EIN#: \_\_\_\_\_  
 Race: \_\_\_\_\_ Gender:    M    F Language/Dialect: \_\_\_\_\_  
 Additional Defendants:    Y    N Total Number of Defendants: \_\_\_\_\_

**ATTORNEY INFORMATION**

(If licensed in Oklahoma, fill in address information, only if it has changed since registering with the Oklahoma Bar Association.)  
 (Attach additional cover sheets for additional attorneys.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Bar Number (Required): \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**OFFENSES**

COUNT(S)	OFFENSES CHARGED	OKLA. STAT. CITATION	NCIC CODE
1.			
2.			
3.			
4.			

Signature: District Attorney/Defendant Attorney: \_\_\_\_\_