OFFICE OF THE DISTRICT COURT CLERK
SEBASTIAN COUNTY COURTHOUSE
PO BOX 925
GREENWOOD, ARKANSAS 72936
PHONE: (479) 996-6501 FAX: (479) 996-1175

DATE OF FILING:_____
RECEIPT NUMBER:_____

IN THE DISTRICT COURT OF SEBASTIAN COUNTY, ARKANSAS
GREENWOOD DIVISION

_____

_____

_____
PLAINTIFF ADDRESS AND PHONE NUMBER

vs. **CASE NUMBER: _____**

_____

_____

_____
DEFENDANT ADDRESS AND PHONE NUMBER

AFFIDAVIT OF EVICTION

COMES NOW the Plaintiff, _____ pursuant to the provisions of

☐ A.C.A. § 18-17-101 et seq., (Residential Lease)
☐ A.C.A. § 18-17-912 et seq., (Commercial Lease)

and for its cause of action against the Defendant(s), _____,

in reference to the dwelling located at _____.

FACTS SHOWING GROUNDS FOR EVICTION: _____

_____

_____

_____

_____

(IF ADDITIONAL SPACE IS NEEDED, ATTACH ANOTHER PAGE)
ATTACH A COPY OF THE RENTAL/LEASE AGREEMENT AND PROOF OF ARREARS OR DAMAGES.

STATE OF ARKANSAS
COUNTY OF SEBASTIAN

_____
PLAINTIFF SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20__.

_____
NOTARY PUBLIC
My commission expires: