

**TRAINING-ADJUDICATION/DISPOSITION REPORTING FORM  
STATE OF ARKANSAS**

**CIRCUIT COURT: JUVENILE DEPENDENCY & DEPENDENCY-NEGLECT**

This disposition form is required by Supreme Court Administrative Order 8 to be completed and filed for every juvenile. The data 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.

1 Case ID: \_\_\_\_\_

| 2 | Attorney | Bar # | Type                                                                                                                                                                                       | Representing                                                                                 |
|---|----------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|   |          |       | <input type="checkbox"/> PC Retained(PCP) <input type="checkbox"/> PC Appointed (PCA)<br><input type="checkbox"/> AAL <input type="checkbox"/> OCC <input type="checkbox"/> Other Attorney | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv |
|   |          |       | <input type="checkbox"/> PC Retained(PCP) <input type="checkbox"/> PC Appointed (PCA)<br><input type="checkbox"/> AAL <input type="checkbox"/> OCC <input type="checkbox"/> Other Attorney | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv |
|   |          |       | <input type="checkbox"/> PC Retained(PCP) <input type="checkbox"/> PC Appointed (PCA)<br><input type="checkbox"/> AAL <input type="checkbox"/> OCC <input type="checkbox"/> Other Attorney | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv |

3 Adjudication Date (HA43T): \_\_\_\_\_ 3 Disposition Date (HD80): \_\_\_\_\_

**Manner of Disposition (if not the same for all children, use page 2 and leave this blank)**

|   |                                     |                                                                                                                                                                                                                                                                                                                                                                   |
|---|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Trial type                          | <input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation                                                                                                                                                                                                                                          |
| 4 | Manner of Disposition (choose 1)    | <input type="checkbox"/> (MDCO) Consolidated into Case ID: _____<br><input type="checkbox"/> (MDDM) Dismissed <input type="checkbox"/> (MDTR) Transferred<br><input type="checkbox"/> (MDFE) Found Dependent <input type="checkbox"/> (MDFN) Found Dependent-Neglected<br><input type="checkbox"/> (MDJD) Judgment/Decree/Order                                   |
| 4 | Placement outcome (JVDN) (choose 1) | <input type="checkbox"/> Custody remains with/returned to custodial parent<br><input type="checkbox"/> Custody to non-custodial parent<br><input type="checkbox"/> Custody to DHS<br><input type="checkbox"/> Out of home residential placement (licensed)<br><input type="checkbox"/> Custody to a relative<br><input type="checkbox"/> Custody to another adult |

4 Is this case set for review?  Yes (MSSD)  No (JUCO) (No indicates that the case is closed.)  
Date & Time of Review Hearing (HR15): \_\_\_\_\_

5 Was an interpreter used for this case?  Yes  No  
For whom? \_\_\_\_\_  
Language:  Spanish  Sign Language  Other: \_\_\_\_\_

2 Was any party self-represented for the adjudication or disposition?  Yes  No  
If so, who? \_\_\_\_\_

6 If this case involved custody or support (CSINF):  
Custody placed with: \_\_\_\_\_  
Child support ordered:  New  Modified  Terminated  N/A  
Person(s) ordered to pay child support: \_\_\_\_\_  
Was there an order of protection in this case?  Yes  No  
If yes, name of person(s) protected under the order: \_\_\_\_\_

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**Supplemental juvenile information**

*Use if the outcome was different as to different children. Use an additional page if necessary.*

| Juvenile 1                               |                                                                                                                                                                                                                                                                                                                                                                   | Juvenile 2                               |                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last name                                | 2                                                                                                                                                                                                                                                                                                                                                                 | Last name                                | 2                                                                                                                                                                                                                                                                                                                                                                 |
| First name                               |                                                                                                                                                                                                                                                                                                                                                                   | First name                               |                                                                                                                                                                                                                                                                                                                                                                   |
| MI                                       |                                                                                                                                                                                                                                                                                                                                                                   | MI                                       |                                                                                                                                                                                                                                                                                                                                                                   |
| Suffix                                   |                                                                                                                                                                                                                                                                                                                                                                   | Suffix                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Trial type<br>1                          | <input type="checkbox"/> (B) Bench Trial<br><input type="checkbox"/> (N) Non-Trial<br><input type="checkbox"/> (P) Stipulation                                                                                                                                                                                                                                    | Trial type<br>1                          | <input type="checkbox"/> (B) Bench Trial<br><input type="checkbox"/> (N) Non-Trial<br><input type="checkbox"/> (P) Stipulation                                                                                                                                                                                                                                    |
| Manner of Disposition (choose 1)<br>4    | <input type="checkbox"/> (MDCO) Consolidated into case ID: _____<br><input type="checkbox"/> (MDDM) Dismissed<br><input type="checkbox"/> (MDFE) Found Dependent<br><input type="checkbox"/> (MDFN) Found Dependent-Neglected<br><input type="checkbox"/> (MDTR) Transferred                                                                                      | Manner of Disposition (choose 1)<br>4    | <input type="checkbox"/> (MDCO) Consolidated into case ID: _____<br><input type="checkbox"/> (MDDM) Dismissed<br><input type="checkbox"/> (MDFE) Found Dependent<br><input type="checkbox"/> (MDFN) Found Dependent-Neglected<br><input type="checkbox"/> (MDTR) Transferred                                                                                      |
| Placement outcome (JVND) (choose 1)<br>4 | <input type="checkbox"/> Custody remains with/returned to custodial parent<br><input type="checkbox"/> Custody to non-custodial parent<br><input type="checkbox"/> Custody to DHS<br><input type="checkbox"/> Out of home residential placement (licensed)<br><input type="checkbox"/> Custody to a relative<br><input type="checkbox"/> Custody to another adult | Placement outcome (JVND) (choose 1)<br>4 | <input type="checkbox"/> Custody remains with/returned to custodial parent<br><input type="checkbox"/> Custody to non-custodial parent<br><input type="checkbox"/> Custody to DHS<br><input type="checkbox"/> Out of home residential placement (licensed)<br><input type="checkbox"/> Custody to a relative<br><input type="checkbox"/> Custody to another adult |

| Juvenile 3                               |                                                                                                                                                                                                                                                                                                                                                                   | Juvenile 4                               |                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last name                                | 2                                                                                                                                                                                                                                                                                                                                                                 | Last name                                | 2                                                                                                                                                                                                                                                                                                                                                                 |
| First name                               |                                                                                                                                                                                                                                                                                                                                                                   | First name                               |                                                                                                                                                                                                                                                                                                                                                                   |
| MI                                       |                                                                                                                                                                                                                                                                                                                                                                   | MI                                       |                                                                                                                                                                                                                                                                                                                                                                   |
| Suffix                                   |                                                                                                                                                                                                                                                                                                                                                                   | Suffix                                   |                                                                                                                                                                                                                                                                                                                                                                   |
| Trial type<br>1                          | <input type="checkbox"/> (B) Bench Trial<br><input type="checkbox"/> (N) Non-Trial<br><input type="checkbox"/> (P) Stipulation                                                                                                                                                                                                                                    | Trial type<br>1                          | <input type="checkbox"/> (B) Bench Trial<br><input type="checkbox"/> (N) Non-Trial<br><input type="checkbox"/> (P) Stipulation                                                                                                                                                                                                                                    |
| Manner of Disposition (choose 1)<br>4    | <input type="checkbox"/> (MDCO) Consolidated into case ID: _____<br><input type="checkbox"/> (MDDM) Dismissed<br><input type="checkbox"/> (MDFE) Found Dependent<br><input type="checkbox"/> (MDFN) Found Dependent-Neglected<br><input type="checkbox"/> (MDTR) Transferred                                                                                      | Manner of Disposition (choose 1)<br>4    | <input type="checkbox"/> (MDCO) Consolidated into case ID: _____<br><input type="checkbox"/> (MDDM) Dismissed<br><input type="checkbox"/> (MDFE) Found Dependent<br><input type="checkbox"/> (MDFN) Found Dependent-Neglected<br><input type="checkbox"/> (MDTR) Transferred                                                                                      |
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**Contexte Cover Sheet Forms and Fields**

|   | <u>Form Name</u> | <u>Tab/Field</u>                                     | <u>OR</u> | <u>Form Name</u> | <u>Tab/Field</u> | <u>Notes</u>                                                                                                            |
|---|------------------|------------------------------------------------------|-----------|------------------|------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1 | CMAINIT          | Top Block                                            |           |                  |                  | Case ID Field                                                                                                           |
|   | CMAINIT          | Top Block                                            |           |                  |                  | Trial Type is entered here                                                                                              |
| 2 | CMAINIT          | Attorney                                             |           | CDAPRTY          |                  | Add appropriate parties as indicated in the table.                                                                      |
|   | CMAINIT          | Juvenile                                             |           | CDAPRTY          |                  | Add juveniles if needed.                                                                                                |
|   | CDAPRTY          | Party Status<br>Party<br>Association                 |           |                  |                  | Enter the party status of SELFREP for any party that represented him/herself. Make sure parties are associated.         |
| 3 | CDADOCT          | Adjudication date (HA43T)<br>Disposition date (HD80) |           |                  |                  | Enter the appropriate adjudication or disposition hearing held docket code.                                             |
| 4 | CMAINIT          | Short Docket Tab                                     |           | CDADOCT          |                  | The disposition date is the date that the order was filed with the clerk and the appropriate MD code should be entered. |
|   | CDADOCT          | Placement Outcome (JVDN)                             |           |                  |                  | Enter the JVDN docket code, select COASITE in the navigation frame, and enter the placement outcome.                    |
|   | CDADOCT          | Set for Review                                       |           |                  |                  | Enter MSSD code to trigger the Set for Review case status.                                                              |
|   | CDADOCT          | Review Hearing                                       |           |                  |                  | Enter the HR15 hearing held code to enter the date of the hearing.                                                      |
| 5 | CDAPRTY          | Language Field                                       |           |                  |                  | Enter language of the party which used an interpreter.                                                                  |
| 6 | CDADOCT          | Child Support (CSINF)                                |           |                  |                  | Enter the CSINF docket code, save, then select COASITE in the navigation frame, if the case involved child support.     |

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**Instructions:**

The adjudication/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. This form is to be used only for juvenile dependency or dependency-neglect cases.

- Complete the case ID number.
- Fill in the names of the attorneys in the case and indicate the role (attorney ad litem, privately-retained parent counsel, or court-appointed parent counsel), who the attorney represents, and the bar number.
- Provide the dates of the adjudication and disposition hearings.
- Indicate the manner of disposition. If it was not the same for all of the children on the case, leave blank and complete the disposition information on page 2 instead.
  - Select the trial type. Select bench trial if evidence is introduced, regardless of whether a judgment is reached.
  - Select a single manner of disposition.
  - Choose a placement outcome.
- Indicate whether this case is set for review, meaning that further hearings are anticipated. Include the date of the next hearing if known.
- Indicate whether an interpreter was used for the case. If so, for whom and what language was required?
- Indicate whether a party to the case was self-represented for the adjudication/disposition portion of this case.
- Public Law 104-193 requires collection of certain information in cases where custody decisions are made or support is ordered. This information is shared with OCSE. Answer the questions regarding custody and child support if the case is completely closed and the child is in a permanent placement. If any of the parties has an order of protection, check the box for who has the order. Check N/A if any of these questions do not apply.