

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: JUVENILE DEPENDENCY-NEGLECT & FINS**

Additional juveniles & parents:

Juvenile		Juvenile	
Last Name		Last Name	
Suffix		Suffix	
First Name		First Name	
Middle name		Middle name	
DL/State ID/ Contexte ID		DL/State ID/ Contexte ID	
SSN		SSN	
Date of Birth		Date of birth	
Sex	Male Female	Sex	Male Female
Ethnicity	Hispanic Non-Hispanic	Ethnicity	Hispanic Non-Hispanic
Race		Race	
Removal date		Removal date	
Education Plan	IEP 504 N/A	Education Plan	IEP 504 N/A
School status		School status	
Interpreter needed?	Yes: No other language: _____	Interpreter needed?	Yes: No other language: _____

Parent/Guardian		Parent/Guardian	
Last Name		Last Name	
Suffix		Suffix	
First Name		First Name	
Middle Name		Middle Name	
DL/State ID/ Contexte ID		DL/State ID/ Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Date of Birth		Date of birth	
SSN		SSN	
Interpreter needed?	Yes: No other language: _____	Interpreter needed?	Yes: No other language: _____
Parent of	All only this child(ren): _____	Parent of	All only this child(ren): _____