This juvenile cover sheet is required by Supreme Court Administrative Order 8. 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. Instructions are located at arcourts.gov.

**County:** **District: Filing Date:**

**Judge: Division: Case ID:**

**Case Type (choose only one IF a new case or an adoption in a Dependency-Neglect case):**

 □ (DX) Dependency □ (DN) Dependency-Neglect □ (JA) Juvenile Adoption

 □ (FS) FINS □ (FT) FINS Truancy

Is this an amendment? □Yes □No If yes, reason:

|  |  |
| --- | --- |
| **Juvenile 1** | **Juvenile 2** |
| **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** | □ White □ Biracial□ Black □ Asian/Pacific Islander□ American Indian/Alaska Native□ Unknown | **Race** | □ White □ Biracial□ Black □ Asian/Pacific Islander□ American Indian/Alaska Native□ Unknown |
| **Removal date** |  | **Removal date** |  |
| **Education Plan**  | □ IEP □ 504 □ N/A | **Education Plan** | □ IEP □ 504 □ N/A |
| **School status** | □ Under school age□ Enrolled □ Home-schooled□ Truant/not attending□ Suspended □ Expelled□ Withdrawn □ GED obtained□ Graduated High School | **School status** | □ Under school age□ Enrolled □ Home-schooled□ Truant/not attending□ Suspended □ Expelled□ Withdrawn □ GED obtained□ Graduated High School |
| **School name** |  | **School name** |  |
| Interpreter needed? | □ Yes: □ No (language) | Interpreter needed? | □ Yes: □ No (language) |

Case IDs of other cases involving this/these juvenile(s):

**Petitioner**

□ Department of Human Services □ Prosecuting Attorney/City Attorney

□ Parent □ Other adult (complete petitioner information below)

□ School representative (complete petitioner information below).

|  |
| --- |
| **Petitioner (if school representative or other adult)** |
| Relationship to child(ren) |  | Phone |  |
| **Last Name** |  | Email |  |
| Suffix |  | Self-represented | □ Yes □ No  |
| **First Name** |  | DOB |  |
| DL/State ID |  | Interpreter needed? | □ Yes: □ No (language) |
| Address |  |
| City, State ZIP |  |

**Attorney of Record**: **Bar #**:

For the: □ Petitioner □ Juvenile □ Parent □ Intervenor **Email Address:**

|  |  |
| --- | --- |
| **Parent/Guardian 1** | **Parent/Guardian 2** |
| **Relationship**  |  | **Relationship**  |  |
| **Last Name** |  | **Last Name** |  |
| **Suffix** |  | **Suffix** |  |
| **First Name** |  | **First Name** |  |
| **Middle Name** |  | **Middle Name** |  |
| **DLN/State ID****Contexte ID** |  | **DLN/State ID****Contexte ID** |  |
| **SSN** |  | **SSN** |  |
| **Date of Birth** |  | **Date of birth** |  |
| **Phone** |  | **Phone** |  |
| **Address** |  | **Address** |  |
| **City, State ZIP** |  | **City, State ZIP** |  |
| **Email** |  | **Email** |  |
| **Interpreter needed?** | □ None □ Spanish □ Sign Lang. □ Other: | **Interpreter needed?** | □ None □ Spanish □ Sign Lang. □ Other: |
| **Parent of:** | □ All □ only this child(ren): | **Parent of:** | □ All □ only this child(ren): |

**Manner of filing:** □ (MFO) Original □ Re-Open □ (MFT) Transfer

|  |
| --- |
| If reopen or petition in existing case, select the type of petition: |
| □ (MFRDX) Dependent□ (MFRDN) Dependent-Neglected□ (MFRFS) FINS (Truancy (MFRFT) □ Yes □ No)□ (MFRJC) Juvenile Civil Commitment□ (MFRJA) Juvenile Adoption  | □ (MFRJE) Juvenile Custody□ (MFRJG) Juvenile Guardianship □ (MFRJT) Juvenile Paternity□ (MFRJS) Juvenile Support□ (MFRTP) Termination of Parental Rights |