

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

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	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race	<input type="checkbox"/> White <input type="checkbox"/> Biracial <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown	Race	<input type="checkbox"/> White <input type="checkbox"/> Biracial <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown
Removal date		Removal date	
Education Plan	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A	Education Plan	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A
School status	<input type="checkbox"/> Under school age <input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled <input type="checkbox"/> Truant/not attending <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained <input type="checkbox"/> Graduated High School	School status	<input type="checkbox"/> Under school age <input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled <input type="checkbox"/> Truant/not attending <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained <input type="checkbox"/> Graduated High School
School name		School name	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)

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

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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	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name		DOB	
DL/State ID		Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> 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		DLN/State ID	
Contexte 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?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Lang. <input type="checkbox"/> Other:	Interpreter needed?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Lang. <input type="checkbox"/> Other:
Parent of:	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):	Parent of:	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):

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

If reopen or petition in existing case, select the type of petition:

- | | |
|--|---|
| <input type="checkbox"/> (MFRDX) Dependent | <input type="checkbox"/> (MFRJE) Juvenile Custody |
| <input type="checkbox"/> (MFRDN) Dependent-Neglected | <input type="checkbox"/> (MFRJG) Juvenile Guardianship |
| <input type="checkbox"/> (MFRFS) FINS (Truancy (MFRFT) <input type="checkbox"/> Yes <input type="checkbox"/> No) | <input type="checkbox"/> (MFRJT) Juvenile Paternity |
| <input type="checkbox"/> (MFRJC) Juvenile Civil Commitment | <input type="checkbox"/> (MFRJS) Juvenile Support |
| <input type="checkbox"/> (MFRJA) Juvenile Adoption | <input type="checkbox"/> (MFRTP) Termination of Parental Rights |