

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: JUVENILE DELINQUENCY/EJJ**

This delinquency/EJJ cover sheet 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. Instructions are located at arcourts.gov.

County: _____ **District:** _____ **Filing Date:** _____
Judge: _____ **Division:** _____ **Case ID:** _____

Case Type (select one): (JD) Delinquency (EJ) Extended Juvenile Jurisdiction

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

Does this juvenile have other active cases? Yes No Case IDs: _____

Juvenile information			
Last Name		Alias	
Suffix		Address	
First Name			
Middle Name		City	
Contexte ID		State	
DLN/State ID		ZIP	
SSN		Custody date	
Date of Birth		ATN	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Arrest/Citation date	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Was this a school-related incident?	<input type="checkbox"/> No, not school-related <input type="checkbox"/> Yes, School-related arrest <input type="checkbox"/> Yes, School-related citation
Race <i>Check one</i>	<input type="checkbox"/> Biracial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> White	School Status <i>Check one</i>	<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 Withdrawn 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
Educational Accommodation	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A		
Interpreter needed?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> Other:		

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	

