

**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 on the following page.

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_  
**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Case Type (choose only one IF a new case):**

- (DX) Dependency                       (DN) Dependency-Neglect                       (FS) FINS (Truancy (FT)  Yes  No)

Juvenile 1		Juvenile 2	
<b>Last Name</b>		<b>Last Name</b>	
<b>Suffix</b>		<b>Suffix</b>	
<b>First Name</b>		<b>First Name</b>	
<b>Middle name</b>		<b>Middle name</b>	
<b>DL/State ID/ Contexte ID</b>		<b>DL/State ID/ Contexte ID</b>	
<b>SSN</b>		<b>SSN</b>	
<b>Date of Birth</b>		<b>Date of birth</b>	
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Race</b>	<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	<b>Race</b>	<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
<b>Removal date</b>		<b>Removal date</b>	
<b>Education Plan</b>	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A	<b>Education Plan</b>	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A
<b>School status</b>	<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 Withdrawn 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	<b>School status</b>	<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
<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)	<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No                      (language)

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



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**Additional juveniles & parents:**

Juvenile 3		Juvenile 4	
<b>Last Name</b>		<b>Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
<b>Middle name</b>		<b>Middle name</b>	
<b>DL/State ID/ Contexte ID</b>		<b>DL/State ID/ Contexte ID</b>	
<b>SSN</b>		<b>SSN</b>	
<b>Date of Birth</b>		<b>Date of birth</b>	
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<b>Race</b>	<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	<b>Race</b>	<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
<b>Removal date</b>		<b>Removal date</b>	
<b>Education Plan</b>	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A	<b>Education Plan</b>	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A
<b>School status</b>	<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	<b>School status</b>	<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
<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)	<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)

Parent/Guardian 2		Parent/Guardian 3	
<b>Last Name</b>		<b>Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
<b>Middle Name</b>		<b>Middle Name</b>	
<b>DL/State ID/ Contexte ID</b>		<b>DL/State ID/ Contexte ID</b>	
Address		Address	
City, State ZIP		City, State ZIP	
Email		Email	
Date of Birth		Date of birth	
SSN		SSN	
<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)	<b>Interpreter needed?</b>	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)
<b>Parent of</b>	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):	<b>Parent of</b>	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):