

**DISPOSITION SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: JUVENILE FINS**

This FINS information 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 available at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

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**Case ID:** \_\_\_\_\_

**Juvenile Name:** \_\_\_\_\_

**Juvenile's Attorney:** \_\_\_\_\_

**Bar #:** \_\_\_\_\_

Retained     Appointed     Public Defender

\*\*\*

**Adjudication Date (HA43T):** \_\_\_\_\_

**Disposition Date (HD80):** \_\_\_\_\_

**Trial Type:**     (B) Bench Trial     (N) Non-Trial     (P) Stipulation

**Manner of Disposition (Choose one):**

- |  |  |
|--|--|
| <input type="checkbox"/> (MDCO) Consolidated into: _____             | <input type="checkbox"/> (MDDM) Dismissed                          |
| <input type="checkbox"/> (MDFO) Found FINS Disobedient to parent     | <input type="checkbox"/> (MDFR) Found FINS Runaway                 |
| <input type="checkbox"/> (MDFT) Found FINS Truancy                   | <input type="checkbox"/> (MDFFN) Found FINS – delinquency < age 10 |
| <input type="checkbox"/> (MDTR) Transferred to another circuit court |  |

**Outcome of Case (JVFIN):**

Services

- |   |   |
|---|---|
| <input type="checkbox"/> Order parent/guardian to parenting class     |   |
| <input type="checkbox"/> Order specific services                      |   |
| <input type="checkbox"/> Order to submit to psychological evaluations | <input type="checkbox"/> Juvenile <input type="checkbox"/> Parent |
| <input type="checkbox"/> Order to submit to physical evaluations      | <input type="checkbox"/> Juvenile <input type="checkbox"/> Parent |

Placement/Transfer custody to

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Home detention with electronic monitoring    | <input type="checkbox"/> DHS      |  |
| <input type="checkbox"/> Out of home residential placement (licensed) | <input type="checkbox"/> Relative | <input type="checkbox"/> Another adult |

Fines/Costs/Sanctions

- |  |   |
|--|---|
| <input type="checkbox"/> Place juvenile on supervision terms: _____ months | <input type="checkbox"/> Community service: _____ hours |
| <input type="checkbox"/> Fine: \$ _____                                    | <input type="checkbox"/> Court Costs: \$ _____          |
|  | <input type="checkbox"/> Juvenile Service Fee: \$ _____ |

**Was an interpreter used for this case?**     Yes     No

For whom? \_\_\_\_\_

Language:     Spanish     Sign Language     Other: \_\_\_\_\_

**Was any party self-represented for any portion of the case?**     Yes     No

If so, who? \_\_\_\_\_

**If this case involved custody or support (CSINF):**

Custody placed with: \_\_\_\_\_

Child support ordered:     New     Modified     Terminated     N/A

Person(s) ordered to pay child support: \_\_\_\_\_

Was there an order of protection in this case?     Yes     No

If yes, name of person(s) protected under the order: \_\_\_\_\_

***If this was a contempt hearing, complete page 2.***

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**Contempt hearing date (HC60):** \_\_\_\_\_

Was juvenile's attorney present?                     Yes    No

Trial Type:    (B) Bench Trial    (N) Non-Trial    (P) Stipulation

Contempt found?     Yes    No

Detention ordered?                                         Yes    No