2017 AOC Juvenile Officer State Reimbursement Form

Judicial District: County:

Instructions: When you have turnover in a juvenile officer position, please include all the officers who were in that position in 2017. Include the juvenile officer's name and indicate if the officer is intake by (I) or probation (P). For example, Sam Jones (I). If your county has a contract for your intake and probation services, please indicate by an (*) by the name. For example, *Sam Jones (I). A copy of the contract must also be submitted for reimbursement for the salary year seeking reimbursement. Provide the hire date and the months in 2016 the officer was in this position. Indicate the year the Juvenile Officer received their original AOC Juvenile Officer Certification Training and the number of continuing education hours they received approved by the Circuit Court Juvenile Judge in 2017. Provide AOC Juvenile Officer Continuing Education form signed by judge, if not already provided. If another county is claiming reimbursement for a juvenile officer listed on this form, indicate what county and what is the percentage (not to exceed 100%) that the officer works in each county to determine the reimbursement for multiple counties. For example, top of form is for county A, but an officer also works in County B. You would include B/15% and A/85% to indicate the reimbursement split. If this does not apply, please put N/A. Please indicate the gross salary paid by the county based on the attached W2s that are required to be submitted with the reimbursement form. If needed you can add more positions, by going to insert and adding the number of rows for the number of additional positions needed.

	Juvenile		Certification				
	Officer		20457	Year &	Other		
Juvenile	Name &		2017 Dates by	2017	County/	201F C 1	
Officer	Intake (I) /	TT*	Month in this	Continuing	Percentage	2017 Salary	
Position	Probation	Hire	position	Education		Paid by	
	Contractor (*)	Date		Hours		County	
Position 1							
Position 2							
Position 3							
Position 4							
Position 5							
Position 6							
Position 7							
Position 8							
Position 9							
Position 10							

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I hereby certify that the above information	n is correct and that juve	enile officers have bee	n employed by	County in 2017.			
Sign	uit or County Judge: ature t Name:						
Please forward forms, W2s, and contract fax (501) 682-2662 or mail to AOC, Justic	ts, if applicable, to Ken			@arcourts.gov			
PLEASE INDICATE TO WHOM AND WHERE TO MAIL STATE REIMBURSEMET BELOW:							