

TRAINING - COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: JUVENILE DEPENDENCY-NEGLECT &
FAMILY IN NEED OF SERVICES (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.

1 County: _____ 1 District: _____ 1 Filing Date: _____
 2 Judge: _____ 2 Division: _____ 1 Case ID: _____

1 Case Type (choose only one IF a new case):
☐ (DX) Dependent ☐ (DN) Dependent-Neglected ☐ (FS) FINS ☐ (FT) Truancy

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"/> Black <input type="checkbox"/> Bi-Racial <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"/> Black <input type="checkbox"/> Bi-Racial <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 Withdrawn 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
Interpreter Needed?	<input type="checkbox"/> Yes: _____ (language) <input type="checkbox"/> No	Interpreter Needed?	<input type="checkbox"/> Yes: _____ (language) <input type="checkbox"/> No

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

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2 Petitioner

- 2*** ☐ Department of Human Services ☐ Prosecuting Attorney/City Attorney
☐ Parent: _____ ☐ Other adult (complete petitioner information below)
☐ School representative (complete petitioner information below).
*School name: _____

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: _____ (language) <input type="checkbox"/> No
Address			
City, State ZIP			

2 Attorney of Record: _____ **Bar #:** _____
For the: ☐ Petitioner ☐ Juvenile ☐ Parent ☐ Intervenor **Email Address:** _____

Parent/Guardian 1			
Last Name		Phone	
Suffix		Email	
First Name		SSN	
Middle Name		DOB	
DL/State ID/Contexte ID		Interpreter needed	<input type="checkbox"/> Yes: _____ (language) <input type="checkbox"/> No
Address			
City, State ZIP		Parent of	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):

6 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 |

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Additional juveniles & parents:

Juvenile 3		Juvenile 4			
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		
3	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"/> Black	Race	<input type="checkbox"/> White <input type="checkbox"/> Black	
		<input type="checkbox"/> Bi-Racial		<input type="checkbox"/> Bi-Racial	
		<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> American Indian/Alaska Native			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown				
4	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	School status	<input type="checkbox"/> Under school age	
		<input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled		<input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled	
		<input type="checkbox"/> Truant/not attending		<input type="checkbox"/> Truant/not attending	
		<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled		<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled	
<input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained	<input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained				
<input type="checkbox"/> Graduated High School	<input type="checkbox"/> Graduated High School				
Interpreter needed?		<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?		<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)
Parent/Guardian 2			Parent/Guardian 3		
3	Last Name		Last Name		
	Suffix		Suffix		
	First Name		First Name		
	Middle Name		Middle Name		
	DL/State ID/Contexte ID		DL/State ID/Contexte ID		
	Address		Address		
	City, State ZIP		City, State ZIP		
	Email		Email		
	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	
	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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Contexte Cover Sheet Forms and Fields

	<u>Form Name</u>	<u>Field/Tab</u>	<u>OR</u>	<u>Form Name</u>	<u>Field/Tab</u>	<u>Notes</u>
1	CMAINIT	County				Enter county #
	CMAINIT	Location				Enter as location. District will be used by attorneys to indicate which county seat. Clerk should enter as location in Contexte.
	CMAINIT	Case Type				Enter the case type.
	CMAINIT	Filing Date				Enter Date case is filed with the Clerk.
	CMAINIT	Case ID				Assigned by Contexte once you leave the top block.
2	CMAINIT	Party Tab		CDAPRTY	Party Status: Self-Represented. Language	Add all parties on the case. Associate juveniles/parents, parents/attorneys, juveniles/attorneys. If self-represented, add party status of SELFREP. If interpreter needed, enter language on CDAPRTY.
2*	CMAINIT	Party Tab		CDAPRTY		<u>Determined by Filing Party</u> Pros. Attorney *ADD*- PETR= ##STAR (Use generic State Contexte ID) DHS *ADD* - PETR = DHS (Use generic Contexte ID assigned for DHS) Parent *ADD*- PETR = Parent ID information; ALSO *ADD* them using Party Type of (MOT, FATH, etc) with same ID as PETR party. School *ADD*- PETR = School Representative's ID with that person's information; ALSO *ADD* SCHL = with the School specific ED#
3	CMAINIT	Demographic Tab		CPAIDEN	Demographic Tab	
4	CNASUPR	School Tab				Check IEP or 504, if

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						applicable. Enter in school information using the "ED" school ID.
5	CDARELC					Relate case IDs
6	CMAINIT	Short Docket tab		CDADOCT		Enter the Manner of Filing (MF) code.

Instructions

Pursuant to Supreme Court Administrative Order Number 8, the attorney or self-represented litigant filing the petition is responsible for the completion and filing of the juvenile cover sheet with the court clerk. The clerk shall not accept the filing unless accompanied by this completed reporting form. This form is to be used with Dependency-Neglect and Family in Need of Services (FINS) cases.

1. Fill in the blanks for county and district (in counties with two county seats) where this pleading is being filed. Include the date of the filing (month, day, and year).
2. Fill in the blanks for Judge's name and division. In a multi-judge county for a new case, the clerk will tell you the correct name and division and will provide the case ID. If this is a new filing in an existing case, fill in the judge's name and use the existing case ID.
3. If this is a new case (not a reopening or a new petition in an existing case) select the type of case that best describes the subject matter of the pleading you are filing. If it is a FINS case, indicate if the FINS is based on truancy.
4. Provide as much information about juveniles as possible.
 - a. If this is a reopening or a new petition in an existing case, only the name and Contexte ID number are required.
 - b. If there are more than two juveniles, complete the information on page 3.
 - c. Indicate the date of removal for each child if the child has been removed from his/her home.
 - d. Choose the most appropriate description of school status.
 - e. Indicate whether the juvenile receives special education services. Mark IEP if the juvenile has an Individualized Education Plan (IEP) and 504 if the child has a section 504 plan. Check n/a if the child does not receive special services or accommodation.
5. Include the case IDs of other cases involving the same juvenile(s). If the case ID is unknown, list the type of case and/or judge if known.
6. Identify the petitioner in the case. If the petitioner is representing a school or is **not** the parent, DHS, or the prosecuting/city attorney, complete the information box about the petitioner.

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7. Fill in the name, bar number, and email address of the attorney of record (the attorney filing the petition) and check the appropriate box of the party the attorney is representing. If the attorney of record changes, file an entry of appearance. If the petitioner is self-represented, leave this blank.
8. Provide as much information about parents as possible. If there is more than one parent involved, include additional parent information on page 3. Do not include putative parents. Indicate whether the parent is the parent of all the children or fewer. If fewer, name the children of that parent.
9. Complete the manner of filing. If this case is a reopening or a petition in an existing case, indicate the type of petition.