

# ADMINISTRATIVE OFFICE OF THE COURTS



## Cover & Disposition Sheet Q&A

Presented By Connie Compton & Diane Robinson



# Why do we have cover & disposition sheets?

- We love paper.
  - **FALSE**
- We like to make extra work for people.
  - **FALSE**
- Clerks should not have to read a petition or order to figure out what to put in Contexte.
  - **TRUE**
- We want accurate information in Contexte
  - **TRUE**

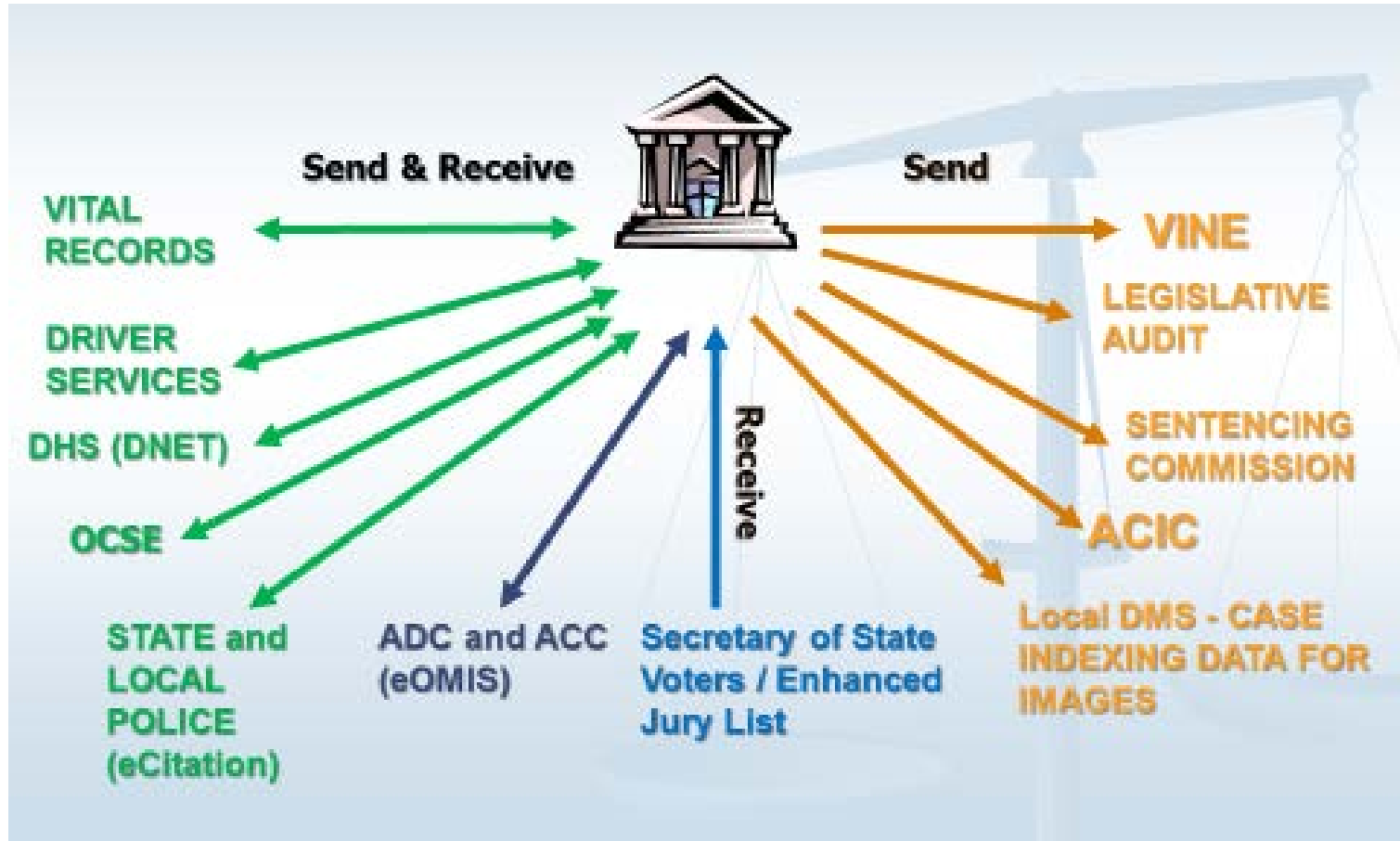


# Purpose of Cover/Disposition Sheets

- Uniform collection of case data
- Assign and allocate cases
- Collect statistical data



# Who cares?





# Are cover sheets required?

- Yes\*

\*except for criminal!



# Are disposition sheets required?

- Yes\*

\*except for criminal, where the sentencing order OR defense-related disposition form is used!



# Is there a docket code for the disposition sheet?

- ADXX – for all subject areas



# Where to enter self-represented litigants?

- CDAPRTY
  - Party Status field

COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: PROBATE

The probate reporting form and the information 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. This form is required pursuant to Administrative Order Number 8. Instructions can be found at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

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

- Type of case (choose one):
- (AD) Adoption
  - (PC) Adult Protective Custody
  - (AL) Alcoholic Commitment
  - (AA) Ancillary Administration
  - (CV) Civil Commitment
  - (CP) Conservatorship
  - (DE) Decedent Estate Administration
  - (GA) Guardianship of an Adult
  - (GJ) Guardianship of a Juvenile
  - (DC) Narcotic Commitment
  - (SE) Small Estate
  - (TA) Trust Administration
  - (OP) Probate-Other

In the Matter of: \_\_\_\_\_

Does this case involve the custody or support of minor children?  Yes  No

If yes, also file the completed Confidential Information Sheet.

	Participant 1		Participant 2	
Participant Type			Participant Type	
Company/ Last Name			Company/ Last Name	
Suffix			Suffix	
First Name			First Name	
DLN/State ID/ Contexte ID			DLN/State ID/ Contexte ID	
Address			Address	
City, State ZIP			City, State ZIP	
Phone			Phone	
Email			Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No		Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB			DOB	
Date of Death			Date of Death	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)		Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)



Attorney of Record: \_\_\_\_\_ Bar #: \_\_\_\_\_

Party representing: \_\_\_\_\_ Atty Email Address: \_\_\_\_\_

Related Case(s): Judge: \_\_\_\_\_ Case ID(s): \_\_\_\_\_

- Manner of filing (choose one):
- (MFO) Original
  - (MFT) Transfer
  - (MFR+case type) Re-open
  - (MFF) Reactivate





# Where to enter the language?

## COVER SHEET STATE OF ARKANSAS CIRCUIT COURT: PROBATE

The probate reporting form and the information 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. This form is required pursuant to Administrative Order Number 8. Instructions can be found at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

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

### Type of case (choose one):

- (AD) Adoption
- (PC) Adult Protective Custody
- (AL) Alcoholic Commitment
- (AA) Ancillary Administration
- (CV) Civil Commitment
- (CP) Conservatorship
- (DE) Decedent Estate Administration
- (GA) Guardianship of an Adult
- (GJ) Guardianship of a Juvenile
- (DC) Narcotic Commitment
- (SE) Small Estate
- (TA) Trust Administration
- (OP) Probate-Other

In the Matter of: \_\_\_\_\_

Does this case involve the custody or support of minor children?  Yes  No

If yes, also file the completed Confidential Information Sheet.

Participant 1		Participant 2	
Participant Type		Participant Type	
Company/Last Name		Company/Last Name	
Suffix		Suffix	
First Name		First Name	
DLN/State ID/Contexte ID		DLN/State ID/Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-represented	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOB		DOB	
Date of Death		Date of Death	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No (language)



Attorney of Record: \_\_\_\_\_ Bar #: \_\_\_\_\_

Party representing: \_\_\_\_\_ Atty Email Address: \_\_\_\_\_

Related Case(s): Judge: \_\_\_\_\_ Case ID(s): \_\_\_\_\_

- Manner of filing (choose one):
- (MFO) Original
  - (MFT) Transfer
  - (MFR+case type) Re-open
  - (MFF) Reactivate

- CDAPRTY
- Language field



# Where to Consolidate Cases?

- CDARELC
  - Never Consolidate
  - Always Relate

DISPOSITION SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: DOMESTIC RELATIONS

The domestic relations reporting form and the information contained herein shall not be admissible as evidence in any other court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law of Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions are located at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

Case ID: \_\_\_\_\_ V \_\_\_\_\_

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

Disposition Date: \_\_\_\_\_

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? \_\_\_\_\_

Manner of Disposition (Choose one)

(MDCO) Consolidated into case ID: \_\_\_\_\_  (MDRB) Removed to Bankruptcy  
 (MDDM) Dismissed  (MDTR) Transferred to another circuit  
 (MDJD) Judgment/Decree/Order

If this case resulted in an annulment or divorce (DCINF):

Date of marriage: \_\_\_\_\_

Number of affected children: \_\_\_\_\_

Was the divorce/annulment contested?  Yes  No

Grounds for divorce:  adultery  continuous separation  cruelty  felony  
 general indignities  habitual drunkenness  impotency  willful nonsupport

Grounds for annulment:  fraud  inability to understand  physical cause  underage  other

Alimony granted?  Yes  No

If this case involved custody or support (CSINF):

Primary custody was placed with: \_\_\_\_\_  
first name last name

Child support ordered:  New  Modified  Terminated  N/A

Person ordered to pay child support: \_\_\_\_\_  
first name last name

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

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



Also file the completed Confidential Information Sheet if not previously filed on this case or if any information has changed.



# Understanding - Case Status "Set for Review"

- Guardianship, Adult Protective Custody, & Dependent-neglect
- Close the pending petition with MD%
- Associate MF% with MD%
- Add MSSD and do not associate it with the MF% or the MD%
- Removes the case from the active list and places it on a "Set for Review" list

DISPOSITION SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: PROBATE

The probate reporting form and the information contained herein shall not be admissible as evidence in any other court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law of Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions can be found at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

Case ID: \_\_\_\_\_ In the matter of: \_\_\_\_\_

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

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? \_\_\_\_\_

Disposition Date: \_\_\_\_\_

Manner of Disposition (Choose one)

(MDCO) Consolidated into case ID: \_\_\_\_\_

(MDDM) Dismissed

(MDJD) Judgment/Decree/Order

(MDRB) Removed to bankruptcy court

(MDTR) Transferred to another circuit court

Is this case set for review (typical of guardianships)?  Yes (MSSD)  No (JUCC)

*No indicates that the case is closed and no court monitoring is legally required.*

If this case involved guardianship (CSINF):

Guardian name: \_\_\_\_\_

first name last name

Child support ordered:  New  Modified  Terminated  N/A

Person ordered to pay child support: \_\_\_\_\_

first name last name

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

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



# Speaking of Criminal



# What is a defense-related disposition form?

- A form, currently required under Administrative Order 8, for use when every charge is dismissed, nolle prossed, or found not guilty



# Does anyone use the defense-related disposition form?

- Not so much



# Cover & Disposition Sheet Q&A

## COVER SHEET STATE OF ARKANSAS CIRCUIT COURT: CRIMINAL

This cover sheet may be completed and filed for every defendant to allow for accurate recording of defendant and case information. 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)

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

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

Case Type (choose one, based on the most serious charge):

(EX) Extradition  (DI) Felony  (MI) Misdemeanor

Does this defendant have other active cases?  Yes  No Case IDs: \_\_\_\_\_

Is defendant being charged as habitual?  Yes  No

Is victim under the age of 14 (V)?  Yes  No

Defendant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

DLN or State ID #: \_\_\_\_\_ State: \_\_\_\_\_ SID #: \_\_\_\_\_

Alias 1: \_\_\_\_\_ Alias 2: \_\_\_\_\_ Alias 3: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Race:  White  Black  Biracial  
 Asian/Pacific Islander  American Indian/Alaska Native  Unknown

Ethnicity:  Hispanic  Non-Hispanic

Sex:  Male  Female

Plaintiff: State of Arkansas

Prosecuting Attorney: \_\_\_\_\_ Bar #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Prosecutor File #: \_\_\_\_\_

Interpreter needed for defendant?  None  Spanish  Sign Language  Other: \_\_\_\_\_

Manner of filing:  (MFO) Original  (MFR+case.type) Re-open  
 (MFT) Transfer  (MFE) EJJ adult sentence imposed

# Speaking of Criminal

- Victim Under 14
  - Party type V
  - Party ID VU14



# Victim Under 14 report

All Circuit Criminal Victim Under 14 Case Detail  
As of 7/9/2018

County	☒ VU14	Case ID	Age of Pending (Days)
POINSETT	YES	56CR-18-69	138
		56CR-18-271	33
POPE	YES	58CR-16-710	642
		58CR-17-42	532
		58CR-18-126	132
		58CR-18-198	104
		58CR-18-289	69
		58CR-18-290	69
		58CR-18-324	56
		58CR-18-386	20
		58CR-18-433	13





# Cover & Disposition Sheet Q&A

COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: CRIMINAL

The charges in the attached information include (continue on an additional sheet if necessary):

Code #	Offense name/Description	A/S/C	Offense Date	Counts	F/M	Class

Arrest Date: \_\_\_\_\_ Arrest Tracking #: \_\_\_\_\_

Other Defendants  
(attach a cover sheet for each defendant):

Related Case IDs:

\_\_\_\_\_

\_\_\_\_\_

# Speaking of Criminal

- Arrest Date
- Arrest Tracking # (ATN)



# Speaking of Juvenile



# Entering School Status

- Juvenile Dependent-neglect & FINS
  - DOB
  - Sex
  - Race
  - School Status
    - CNASUPR

**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 or an adoption in a Dependency-Neglect case):  
 (DX) Dependency       (DN) Dependency-Neglect       (JA) Juvenile Adoption  
 (FS) FINS       (FT) FINS 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"/> Biracial <input type="checkbox"/> Black <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"/> Biracial <input type="checkbox"/> Black <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
School name		School name	
Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)	Interpreter needed?	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> No      (language)

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



## Entering the School as a Party?

- Juvenile Dependent-neglect & FINS
  - When petition is filed by the school, list school and school representative as parties. School party type = SCHL and party ID = ED%\*.

\*You may request a list of school IDs for your area

COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: JUVENILE DEPENDENCY-NEGLECT & FINS

- Petitioner
- Department of Human Services       Prosecuting Attorney/City Attorney
- Parent       Other adult (complete petitioner information below)
- School representative (complete petitioner information below).

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

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: _____ <input type="checkbox"/> No (language)
Address			
City, State ZIP		Parent of	<input type="checkbox"/> All <input type="checkbox"/> only this child(ren):

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 |



## Common trouble spots

- Juvenile delinquency/EJJ
  - Race
  - Sex
  - School-related arrest

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 [www.courts.arkansas.gov](http://www.courts.arkansas.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		City	
Middle Name		State	
Contexte ID		ZIP	
DLN/State ID		Custody date	
SSN		Arrest date	
Date of Birth		ATN	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Was this a school-related arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	School Status	<input type="checkbox"/> Under school age
Race	<input type="checkbox"/> Biracial	Check one	<input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled
Check one	<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Truant/Not attending
	<input type="checkbox"/> Black		<input type="checkbox"/> Suspended <input type="checkbox"/> Expelled
	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Graduated High School
	<input type="checkbox"/> White		
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	
SSN		SSN	
Date of Birth		Date of birth	
Address		Address	
City, State ZIP		City, State ZIP	
Email		Email	



## Juvenile missing data

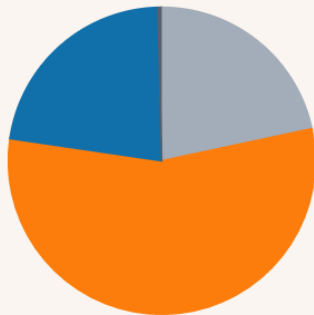
Start Date: 1/1/2018 | End Date: 6/30/2018 | Circuit: (All) | County: (All) | Division: (All) | Location: (All) | Case Type: (All)

Pending Start	Filing	Disposition	Pending End	Clearance Rate
33,824	6,660	24,603	15,881	369%

Pending Start: 33,824

■ FEMALE  
■ MALE  
■ NO DATA  
■ UNKNOWN

Gender

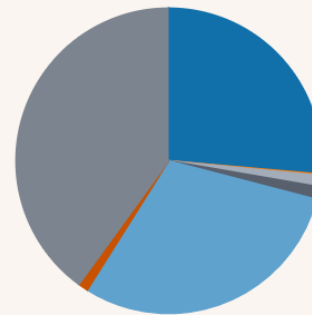


School Related Arrest



Race

■ NO DATA  
■ AMERICAN INDIAN  
■ ASIAN OR PACIFIC ISLAN...  
■ BI-RACIAL  
■ BLACK  
■ UNKNOWN  
■ WHITE





## QUESTIONS ?



# Useful Resources

Link to Cover and Disposition Sheets:

<https://courts.arkansas.gov/forms-and-publications>

- **ACAP application support: Contexte or efileing questions**
  - 501-410-1900, option 1 (Help Desk)
  - [acap.help@arcourts.gov](mailto:acap.help@arcourts.gov)
  - [courts.efiling@arcourts.gov](mailto:courts.efiling@arcourts.gov)
- **Data Quality Issues, FOIA request, dashboards, reports**
  - ORJS: 501-492-5715
  - [orjshelp@arcourts.gov](mailto:orjshelp@arcourts.gov)