



Arkansas Court Security Incident Report

Administrative Office of the Courts

625 Marshall St. Little Rock, AR. 72201

Fax (501) 682-9410

Report must be submitted not later than the 3rd business day after the date the incident occurred.

This form is for administrative purposes only. If law enforcement is needed, contact the local police department or sheriff's office.

1. Information of Person Completing Report:

First:	Last:	Cell Phone:
Title:		Email:

2. Type of Court:

☐ District ☐ Circuit

Name of Courthouse: _____

☐ Not related to a particular court type

3. County:

4. Incident Date:

_____ **Time:** _____ ☐ AM ☐ PM

5. Type of Incident:

☐ Physical assault ☐ Disorderly conduct

☐ Bomb threat

☐ Threat

Type of threat: ☐ Verbal ☐ Written

Threat against: ☐ Judge, officer, staff

☐ Other: _____

☐ Prisoner escape attempt

☐ Attempt to bring a weapon into the courtroom or court facility

☐ Other: _____

6. Location of Incident:

☐ Courtroom of: ☐ Judge

☐ Chambers of: ☐ Other judicial officer

☐ Staff offices of: ☐ Judge

☐ Clerk's office ☐ Other judicial officer

☐ Holding area

☐ Parking area

☐ Public area of court facility

☐ Other: _____

7. Was a Weapon Involved?

☐ No ☐ Yes, type of weapon:

☐ Gun ☐ Knife ☐ Blunt object

☐ Other: _____

8. Was Anyone Injured?

☐ No ☐ Yes, type: _____

Medical attention? ☐ Yes ☐ No

9. Who Was the Perpetrator?

Name: _____

☐ Criminal defendant

☐ Plaintiff/non-criminal defendant

☐ Family member/friend of a party in the case

☐ Member of public

☐ Other: _____

Was the individual charged as a result of this incident?

☐ No ☐ Yes ☐ Pending

10. Was the Incident Reported to Law Enforcement?

☐ No

☐ Yes, name of agency: _____

11. Was this Incident Related to a Particular Case?

☐ No

☐ Yes, Type of case: _____

Case Number: _____

12. Description of Incident: (Use separate sheet if needed)