



Arkansas Court Security Incident Report

Administrative Office of the Courts

625 Marshall St. Little Rock, AR. 72201

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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.

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|--|-------|-------------|
| 1. Information of Person Completing Report: | | |
| First: | Last: | Cell Phone: |
| Title: | | Email: |

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|---|---|
| 2. Type of Court: <input type="checkbox"/> District <input type="checkbox"/> Circuit | 3. County: _____ |
| Name of Courthouse: _____ | 4. Incident Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM |
| <input type="checkbox"/> Not related to a particular court type | |

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| 5. Type of Incident: | 9. Who Was the Perpetrator? |
| <input type="checkbox"/> Physical assault <input type="checkbox"/> Disorderly conduct <input type="checkbox"/> Bomb threat <input type="checkbox"/> Threat <i>Type of threat:</i> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <i>Threat against:</i> <input type="checkbox"/> Judge, officer, staff <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prisoner escape attempt <input type="checkbox"/> Attempt to bring a weapon into the courtroom or court facility <input type="checkbox"/> Other: _____ | Name: _____ <input type="checkbox"/> Criminal defendant <input type="checkbox"/> Plaintiff/non-criminal defendant <input type="checkbox"/> Family member/friend of a party in the case <input type="checkbox"/> Member of public <input type="checkbox"/> Other: _____ Was the individual charged as a result of this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending |

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| 6. Location of Incident: | 10. Was the Incident Reported to Law Enforcement? |
| <input type="checkbox"/> Courtroom of: <input type="checkbox"/> Judge <input type="checkbox"/> Other judicial officer <input type="checkbox"/> Chambers of: <input type="checkbox"/> Judge <input type="checkbox"/> Other judicial officer <input type="checkbox"/> Staff offices of: <input type="checkbox"/> Judge <input type="checkbox"/> Other judicial officer <input type="checkbox"/> Clerk's office <input type="checkbox"/> Holding area <input type="checkbox"/> Parking area <input type="checkbox"/> Public area of court facility <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes, name of agency: _____ |

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| 7. Was a Weapon Involved? | 11. Was this Incident Related to a Particular Case? |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, type of weapon: <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Blunt object <input type="checkbox"/> Other: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes, Type of case: _____ Case Number: _____ |

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|--|--|
| 8. Was Anyone Injured? | 12. Description of Incident: (Use separate sheet if needed) |
| <input type="checkbox"/> No <input type="checkbox"/> Yes, type: _____ Medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No | |