

**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 at www.arcourts.gov

County: _____ **District:** _____ **Filing Date:** _____
Judge: _____ **Division:** _____ **Case ID:** _____

Case Type (choose only one IF a new case):

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	Male	Female	Sex	Male	Female		
Ethnicity	Hispanic	Non-Hispanic	Ethnicity	Hispanic	Non-Hispanic		
Race			Race				
Removal date			Removal date				
Education Plan	IEP	504	N/A	Education Plan	IEP	504	N/A
School status			School status				
Interpreter needed?	Yes: No other language: _____		Interpreter needed?	Yes: No other language: _____			

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

Petitioner

Petitioner (if school representative or other adult)			
Relationship to child(ren)		Phone	
Last Name		Email	
Suffix		Self-represented	Yes No
First Name		DOB	
DL/State ID		Interpreter needed?	Yes: No other language: _____
Address			
City, State ZIP			

If a school representative is the affiant or petitioner, school name: _____

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

Parent/Guardian 1		Parent/Guardian 2	
Last Name		Last Name	
Suffix		Suffix	
First Name		First Name	
Middle Name		Middle Name	
DL/StateID/ Contexte ID		DL/StateID/ Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
SSN		SSN	
Date of Birth		Date of Birth	
Interpreter needed?	Yes: No other language: _____	Interpreter needed?	Yes: No other language: _____
Parent of	All Only this child(ren): _____	Parent of	All 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: