

2020 AOC Juvenile Officer State Reimbursement Form

Judicial District: _____ **County(ies):** _____

INSTRUCTIONS: When you have turnover in a juvenile position, please include all the officers who held that position in 2020. Include the Juvenile Officer’s name and indicate if the officer is Intake (I) or Probation (P). For example: Sam Jones (I). If your county has a contract for your intake and probation services, please indicate by an (*) by the name. For example: *Sam Jones (I). *A copy of the contract must also be submitted for reimbursement for the salary year seeking reimbursement.* Provide the hire date and the months in 2020 the officer held this position. *Indicate the year the Juvenile Officer received the original AOC Juvenile Officer Certification Training* and the number of continuing education hours received in 2020 approved by the Circuit Court Juvenile Judge 2020. If not previously provided, please include the officer’s AOC Juvenile Officer Continuing Education Form signed by judge. If another county is claiming reimbursement for a Juvenile Officer listed on this form, please indicate which county and the percentage (not to exceed 100%) that Juvenile Officer works in each county to determine the reimbursement for multiple counties. For example: top of this form is for County A, but an officer also works in County B. You would include B/15% and A/85% to indicate the reimbursement split. If this does not apply, please put N/A. Also, please indicate the gross salary paid by the county, *based on Box No. 3* of the W2.* *Please note W2 forms are required to be submitted with this reimbursement form.*

Juvenile Officer Position	Juvenile Officer Name and Intake (I), Probation (P), Contractor (*)	Hire Date	2020 Dates by Month in this Position	AOC Certification Year & 2020 Continuing Education Hours	Other County/ Percentage	2020 Salary Paid* by County
Position 1						
Position 2						
Position 3						
Position 4						
Position 5						
Position 6						
Position 7						
Position 8						
Position 9						
Position 10						

Attach additional pages, if necessary.

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Judicial District: _____ County(ies): _____

I hereby certify that the above information is correct and that juvenile officers have been employed by _____
County(ies) in 2020.

Circuit or County Judge

Print Name

*Please forward forms, W2s, and contracts (if applicable) to Lana Taylor by email at Lana.Taylor@arcourts.gov, fax (501) 682-2662, or mail to Administrative Office of the Courts, Justice Building, 625 Marshall, Little Rock, AR 72201, by **June 30, 2021**.*

PLEASE INDICATE TO WHOM AND WHERE TO MAIL THE STATE REIMBURSEMENT:

_____	_____
_____	_____
_____	_____
_____	_____

Attach additional pages, if necessary.