

COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: JUVENILE DELINQUENCY/EJJ

This delinquency/EJJ cover sheet is required by Supreme Court Administrative Order 8 to be completed and 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.arcourts.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 | | | |
| Middle Name | | City | |
| Contexte ID | | State | |
| DLN/State ID | | ZIP | |
| SSN | | Custody date | |
| Date of Birth | | Arrest date | |
| Sex | Male Female | ATN | |
| Ethnicity | Hispanic Non-Hispanic | Was this a school-related arrest? | Yes No |
| Race <i>Choose one</i> | | | School Status <i>Choose one</i> |
| Educational Accommodation | IEP 504 N/A | | |
| Interpreter needed? | Yes No Language: _____ 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 | |
| Interpreter needed? | Yes: No other language: _____ | Interpreter needed? | Yes: No other language: _____ |

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The offenses in the attached information include:

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

Other Juveniles/Defendants:

Related Case IDs:

Attorney Providing Information: _____ **Bar #:** _____

Email Address: _____ **Phone:** _____

Manner of filing (choose one):

Date of transfer hearing: _____

Was juvenile's attorney present? Yes No

If a detention hearing related to this petition has already occurred,

Date of detention hearing (HD60): _____

Detention hearing outcome:

Continue detention

Release on personal recognizance

Release to parent/guardian/custodian

Release to qualified person/agency

Reasonable restrictions

Release upon order to appear

Release upon bond

Was juvenile's attorney present? Yes No