

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.courts.arkansas.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		Address	
Suffix			
First Name			
Middle Name		City	
Contexte ID		State	
DLN/State ID		ZIP	
SSN		Custody date	
Date of Birth		Arrest date	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	ATN	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Was this a school-related arrest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race <i>Check one</i>	<input type="checkbox"/> Biracial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> White	School Status <i>Check one</i>	<input type="checkbox"/> Under school age <input type="checkbox"/> Enrolled <input type="checkbox"/> Home-schooled <input type="checkbox"/> Truant/Not attending <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Withdrawn <input type="checkbox"/> GED obtained <input type="checkbox"/> Graduated High School
Educational Accommodation	<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> N/A		
Interpreter needed?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> 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?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Lang. <input type="checkbox"/> Other:	Interpreter needed?	<input type="checkbox"/> None <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Lang. <input type="checkbox"/> Other:

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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):

- (MFO) Original
- (MFRJD) Re-Open Delinquency (if so, why?): Probation revocation Aftercare Violation
- (MFREJ) Re-Open EJJ (if so, why?): EJJ Review Hearing DYS Release Hearing
- (MFTC) Transfer from Criminal Division to EJJ: 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