

**ADJUDICATION/DISPOSITION REPORTING FORM**  
**STATE OF ARKANSAS**  
**CIRCUIT COURT: JUVENILE DEPENDENCY & DEPENDENCY-NEGLECT**

This disposition form 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.

Case ID: \_\_\_\_\_

Attorney	Bar #	Type	Representing
		<input type="checkbox"/> Retained (PCP) <input type="checkbox"/> Appointed (PCA) <input type="checkbox"/> AAL	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv
		<input type="checkbox"/> Retained (PCP) <input type="checkbox"/> Appointed (PCA) <input type="checkbox"/> AAL	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv
		<input type="checkbox"/> Retained (PCP) <input type="checkbox"/> Appointed (PCA) <input type="checkbox"/> AAL	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Juv

Adjudication Date (HA43T): \_\_\_\_\_ Disposition Date (HD80): \_\_\_\_\_

**Manner of Disposition (if not the same for all children, use page 2 and leave this blank)**

Trial type	<input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation
Manner of Disposition (choose 1)	<input type="checkbox"/> (MDCO) Consolidated into Case ID: _____ <input type="checkbox"/> (MDDM) Dismissed <input type="checkbox"/> (MDTR) Transferred <input type="checkbox"/> (MDFE) Found Dependent <input type="checkbox"/> (MDFN) Found Dependent-Neglected
Placement outcome (JVDN) (choose 1)	<input type="checkbox"/> Custody remains with/returned to custodial parent <input type="checkbox"/> Custody to non-custodial parent <input type="checkbox"/> Custody to DHS <input type="checkbox"/> Out of home residential placement (licensed) <input type="checkbox"/> Custody to a relative <input type="checkbox"/> Custody to another adult

Is this case set for review?  Yes (MDSO)  No (JUCO) (No indicates that the case is closed.)  
 Date & Time of Review Hearing (HR15): \_\_\_\_\_

Was an interpreter used for this case?  Yes  No  
 For whom? \_\_\_\_\_

Language:  Spanish  Sign Language  Other: \_\_\_\_\_

Was any party self-represented for the adjudication or disposition?  Yes  No  
 If so, who? \_\_\_\_\_

**If this case involved custody or support (CSINF):**

Custody placed with: \_\_\_\_\_

Child support ordered:  New  Modified  Terminated  N/A

Person(s) ordered to pay child support: \_\_\_\_\_

Was there an order of protection in this case?  Yes  No

If yes, name of person(s) protected under the order: \_\_\_\_\_

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**Supplemental juvenile information**

*Use if the outcome was different as to different children. Use an additional page if necessary.*

Juvenile 1		Juvenile 2	
Last name		Last name	
First name		First name	
MI		MI	
Suffix		Suffix	
Trial type	<input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation	Trial type	<input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation
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Juvenile 3		Juvenile 4	
Last name		Last name	
First name		First name	
MI		MI	
Suffix		Suffix	
Trial type	<input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation	Trial type	<input type="checkbox"/> (B) Bench Trial <input type="checkbox"/> (N) Non-Trial <input type="checkbox"/> (P) Stipulation
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