

AFFIDAVIT

Benton County Circuit Court, Juvenile Division

REQUEST FOR FINS PETITION

I hereby request Court intervention for the below named juvenile, whom I know to be a resident of Benton County (if not a resident, **stop**, do not proceed), for the purpose of a Family In Need of Services (FINS) petition, the basis of which is as follows:

DEFENDANT (Juvenile): (please print clearly)

NAME: last first initial Sr., Jr., III, etc.

race sex date of birth age SSN

height weight eyes hair

residence:

street/road/drive, etc city zip

mail address:

P.O. Box/ street/road, etc city zip

*** OFFICIAL USE ONLY BELOW THIS LINE ***

ATTORNEY COURT @ am / pm JPO

truancy runaway domestic ex parte delinquent to FINS drugs

School: district grade

History: no delinq FINS, year parent school

DHS: n/a history active case in custody hot-lined to hot-line

Interpreter: Spanish Vietnamese Hmong Marshallese

***** PLEASE CONTINUE FILLING OUT THE FORM ON THE NEXT PAGE *****
***** PROVIDE ALL KNOWN INFORMATION ABOUT THE JUVENILE *****

MOTHER: _____ lives with
home #: _____ cell #: _____ work #: _____
mail address: _____ zip _____
spouse _____ add as a party to this case

FATHER: _____ lives with
home #: _____ cell #: _____ work #: _____
mail address: _____ zip _____
spouse _____ add as a party to this case

CUSTODIAN: _____ lives with
home #: _____ cell #: _____ work #: _____
mail address: _____ zip _____
relationship to juvenile _____ joint custodian _____

GUARDIAN: _____ lives with
home #: _____ cell #: _____ work #: _____
mail address: _____ zip _____
relationship to juvenile _____ joint guardian _____

NOTES: _____ (only about information on this page)
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MEDICAL:
problems)

(this area does not apply to mental health or drug use

Medical Doctor (MD): _____ city _____

last visit date _____ last physical date _____

last hospitalization date _____ why _____

list medical conditions: _____

The juvenile has been prescribed medications for medical reason? yes no

If yes, what _____

Have you provided the juvenile the recommended medications? yes no

If no, why not _____

The juvenile takes the medications according to the prescription? yes no

Is the juvenile pregnant? n/a no yes possible confirmed by doctor

If yes, have all of the parents / custodians been advised of the matter? yes no

Contagious diseases (optional, for JPO's
safety) _____

MENTAL:

(this area does not apply to medical or drug use problems

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The juvenile is currently in a treatment facility for mental health reasons? yes no

If yes, name of facility _____ date entered _____

If yes, reason _____

Diagnosis _____

The juvenile has lived in a treatment facility for mental health reasons? yes no

If yes, name of facility _____ from _____ to _____

Diagnosis _____

The juvenile currently attends **outpatient** mental health counseling? yes no

If yes, name of counselor/provider _____

If yes, how long in counseling _____, last visit _____

Is the counselor now recommending residential treatment for the juvenile? yes no

Diagnosis _____

The juvenile has been prescribed medications for mental health reasons? yes no

If yes, what _____

Have you provided the juvenile the recommended medications? yes no

If no, why not _____

The juvenile takes the medications according to the prescription? yes no

SUBSTANCES: **(do not include cigarettes)**

Use of illegal drugs, alcohol, huffing, etc., and misuse of prescription medications.

Juvenile admits to past use, list drugs _____

Juvenile admits to current use, list drugs _____

Juvenile may be using, list drugs _____

Juvenile has friends who use, names _____

The first drug (not cigarettes) the juvenile used was? _____ age _____

The juvenile is currently in a treatment facility for substance abuse issues? yes no

If yes, name of facility _____ date entered _____

Diagnosis _____

The juvenile has lived in a treatment facility for substance abuse issues? yes no

If yes, name of facility _____ from _____ to _____

Diagnosis _____

The juvenile currently attends **outpatient** substance abuse counseling? yes no

If yes, name of counselor/provider _____

If yes, how long in counseling _____, last visit _____

Is the counselor now recommending residential treatment for the juvenile? yes no

Diagnosis _____

LEGAL HISTORY:

POLICE: N/A Juvenile has a history with
Agency _____ when _____

Reason(s) _____

PROBATION: N/A Juvenile has a history with
Agency _____ when _____

Reason(s) _____

FINS: N/A Juvenile has a history with

Agency _____ when _____
Reason(s) _____

JUVENILE'S BEHAVIOR: (last 3 months only – do not include school behavior)

DOMINATING:

Physically hit a family member?	yes	no	adult	older sibling	younger
Threatened to harm family?	yes	no	adult	older sibling	younger
Got "in the face" of family?	yes	no	adult	older sibling	younger
Hinted at harm of family?	yes	no	adult	older sibling	younger

DESTRUCTIVE: Destroyed / broke property? yes no

DISRUPTIVE:

Thrown fits / temper tantrums / yells / screams / curses? yes no
Caused verbal fights / family fights / picked on family? yes no

DISOBEDIENT: (juvenile *normally / usually / habitually* refuses to do the following)

do chores return home from school on time take medications
go to bed on time do school homework stay away from certain people
attend church attend counseling attend family functions
do daily personal sanitary needs obey other family rules
obey established curfew (number of violations in last 30 days, _____)
stop sneaking out at night (number of violations in last 30 days, _____)
stop running away (number of violations in last 30 days, _____)

DEFINITION: runaway behavior is being absent from the home without approval

DISRESPECTFUL:

Calls adults names such as _____

Calls siblings names such as _____

Poor attitude about: chores rules church school home parents siblings

DISOLUTE: lies steals cheats sexually active

NOTES:
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(only about information on this page

NO CONTACT: (name of people the child is to stay away from, add reason and relationship)

FRIENDS: none unknown if any names unknown refuses to introduce them

Good: _____

Bad: _____

EMPLOYMENT:

Juvenile is employed? n/a no yes, where _____

Has the juvenile had disciplinary problems at work? n/a yes no unknown

TRANSPORTATION:

Juvenile has drivers license vehicle use of family auto access to school bus

TOBACCO: never used past use current use I disapprove of use.

POSITIVES: (juvenile’s positive / good attributes)

***** MISC. INFORMATION *****

INTERPRETER: Does any named adult need an interpreter? yes no
Spanish Vietnamese Marshallese Hmong _____

Available

DOCUMENTS: custody divorce SSN birth certificate shot records

DHS: n/a past case current case juvenile in custody under investigation

Juvenile’s

BENEFITS: food stamps child support social security disability TEA
ArKids “A” ArKids “B” Medicaid private health insurance
other, _____

OTHERS: (list siblings and whomever else resides with the juvenile)

Name _____ age _____
relationship _____

Name _____ age _____
relationship _____
Name _____ age _____
relationship _____
Name _____ age _____
relationship _____
Name _____ age _____
relationship _____

LIFETIME BEHAVIORS:

(has the juvenile ever done the following?)

intentionally set a fire, age _____	unintentionally set a fire, age _____
attempted suicide, age _____	talked about suicide, age _____
cut on / hurt self, age _____	cut on / hurt others, age _____
been cruel to animals, age _____	act out sexually with animals, age _____
been sexually abused, age _____	been sexually abusive, age _____
been physically abused, age _____	been physically abusive, age _____
been psychologically abused, age _____	been psychologically abusive, age _____

NOTES:

(only about information on this page)

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NEEDS:
following)

(the juvenile could benefit from the

counseling family counseling anger classes mentoring JPO visits
substance abuse counseling drug testing medication boot camp
residential treatment for mental health change of custody curfew change
residential treatment for substance abuse issues change in residency DHS help
electronic monitoring (HMU) assigned community service adult jail tour
tour of the Juvenile Detention Center carry the Real Life Baby (life-like doll)
tour teenage maternity house pay the cost of this program apologize to family
attend adult drug court assigned chores school homework
join school activities (sports, music, etc) attendance at religious events
more involvement by father more involvement by mother
other _____

WRITTEN STATEMENT:

Please provide below a brief written statement about the juvenile's behaviors for the past

(FINS shall not be filed without a signature)

Your signed name (Affiant): _____

home #: _____ cell#: _____ work #: _____

mail address: _____ city _____ state _____ zip _____

Your relationship to the juvenile: _____

***** THIS AREA FOR USE BY THE NOTARY ONLY *****

Subscribed and sworn before me, the undersigned Juvenile Intake Officer this _____ day of _____, 20__.

FINS Intake Officer

ADDENDUM

***** OPTIONAL INFORMATION *****

The following questions are about the parent(s) / custodian(s) / guardian(s) who live with the juvenile. This information is requested so we can better understand and serve the entire family, juvenile and adult alike.

EDUCATION: Highest grade / level of schooling completed, _____.

MENTAL:

Mental health diagnosis: none yes, list _____

Counseling: not recommended is in progress refused by me completed

Medication: not prescribed taking not taking too costly not helpful

SUBSTANCE ABUSE:

(do not include cigarette use)

never teen years adult years while pregnant with juvenile current
Abuse has caused problems at home work school society police
Substances abused _____

PARENTING STYLE:

uninvolved permissive over involved authoritative encouraging
critical confronting democratic _____

DISCIPLINE STYLE:

talk to yell at curse at spank withhold items withhold activities
extra chores strict curfew withhold friends withhold allowance ignore

RELATIONSHIPS:

I was ____ years old when I first married or lived as a couple.
I have been married or lived as a couple ____ times. I have birthed _____ children.
As a juvenile, I was the victim of _____
As an adult, I have been the victim of _____

TRANSPORTATION:

no drivers license have license license suspended / revoked
own vehicle access to vehicle no access to vehicle access to bus

EMPLOYMENT:

employed, full-time part-time unemployed disabled student

CRIMINAL HISTORY:

none

(do not include juvenile record)

felony misd. did jail time did prison time completed probation / parole
currently on probation / parole with agency / PO _____

I AM WILLING TO DO THE FOLLOWING TO HELP THE / MY FAMILY:

FINS case counseling family counseling parenting classes
anger control classes substance abuse classes drug testing open DHHS case
mental health residential treatment substance abuse (rehab) residential treatment
begin new parenting methods to help the juvenile and the family to change.
establish mandatory chores, family dinner time, family activities, bedtimes, etc.
daily monitor the juvenile's school attendance, curfew, bedtime, study period, etc.
check weekly with the juvenile's school about attendance, grades, behavior, progress.
attend juvenile's school activities and all possible school functions
meet with juvenile's friends supervise juvenile's contact with certain persons
allow juvenile to work allow juvenile to use family vehicle
cooperate with and assist the Court in any way possible with the FINS program.
change custody to _____relationship_____

ADDENDUM NOTES:

FINS PROCESS

(PLEASE KEEP THIS PAGE)

TO DO NEXT:

- 1- Sign and then turn the FINS application (affidavit) in. Do that as follows;
 - A: deliver to the Juvenile Probation Office, 1301 Melissa Dr. in Bentonville
 - B: mail to Juvenile Probation Office, 1301 Melissa Dr., Bentonville, AR 72712
 - C: email to kglasscock@co.benton.ar.us
 - D: fax to [479-271-5700](tel:479-271-5700)

- 2- Take steps to gain documents you do not have such as a birth certificate, social security card, shot records, divorce and custody orders and the like.
- 3- Apply for Ar-Kids, if needed.
- 4- Sign for the certified mail that contains the summons into court.
- 5- Contact the juvenile's appointed attorney one week prior to court.
- 6- Meet with the juvenile's attorney as scheduled.
- 7- Appear in court at the Juvenile Justice Center on the date and time advised.
- 8- Contact the FINS Intake Officer at [479-271-1047](tel:479-271-1047) ext 8204 if you have questions.

