



DYS COMMITMENT FORM

RS-13
AOC/DYS 2020

DOCKET / CASE # J _____

In accordance with ACA 9-28-208, all of the following information contained herein is required to be transmitted with the commitment order to the **DYS Intake Unit** **prior to or at the time of** commitment. (Email: dysintakeunit@dhs.arkansas.gov). **Please call the *DYS Intake Unit* (501-682-9729) to confirm receipt of commitment and to arrange placement for juvenile. If sent after 4:30pm, please call at the beginning of the next business day to confirm receipt.**

JUVENILE'S INFORMATION:

Medicaid #: _____

Private Insurance Provider: _____

Private Insurance Number: _____

Please provide a copy of the insurance card

Name: _____ DOB: _____ Age: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Race: _____ Sex: _____ Social Security #: _____

Height: _____ feet _____ inches Weight: _____ Eye Color: _____ Hair Color: _____

LEGAL GUARDIAN/EMERGENCY NOTIFICATION

Guardian Name: _____ Phone Number: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Email address (if available): _____

Relationship to child: parents grandparents DCFS other: _____

Does this juvenile have any family members currently committed to **DYS**? yes no

If yes, please identify: _____

Is there anyone that should not be allowed contact with this juvenile? yes no

If yes, please identify: _____

Is juvenile in **DHS/DCFS** Custody? YES NO

DHS/DCFS Contact Information: (ONLY IF IN DHS/DCFS CUSTODY)

Name: _____ Phone Number: _____

Mailing address: _____

Email address (if available): _____

Attorney ad litem Information:

Name: _____ Phone Number: _____

Email address (if available): _____

COURT CONTACT INFORMATION:

Committing Judge Name: _____

Defense Attorney: _____

Phone Number: _____ Fax Number: _____

Prosecuting Attorney: _____

Phone Number: _____ Fax Number: _____

Juvenile Probation Officer: _____ Phone Number: _____

Juvenile Probation Officer email address (if available): _____

Juvenile Probation Officer Fax Number: _____

JUVENILE’S MEDICAL INFORMATION:

Does juvenile have any injuries or health conditions (present or past) that will impact DYS placement consideration? Please explain below.

Any known food or drug allergies? _____

CURRENT MEDICATIONS: *(Please ask parent or guardian to provide the JDC with any medications that juvenile is currently taking)*

PENDING CHARGES:

Does the juvenile have any other current charges pending in another court? yes no

If yes, list charging offense(s): _____

Has court jurisdiction been determined on pending charge? yes no

If yes, is it in: Circuit – Juvenile Division Circuit – Criminal Division District Court

Has a court date been scheduled? yes no If yes, when _____

JUVENILE'S PLACEMENT HISTORY:

List all placements with agencies or residential facilities.

Attach a copy of all psychological or psychiatric evaluations performed on the juvenile that were admitted into evidence or ordered by the court while under the jurisdiction of the court or supervision of court staff.

Placement	City	State

JUVENILE'S BACKGROUND:

Does the juvenile have a history of the following?

- Physically assaultive
- History of fire setting
- Verbally assaultive
- Runs away from home
- Previously absconded from a residential treatment facility? Please explain*
- Gang affiliation? _____
- Substance abuse
- Sexually acting out behaviors

Substance abuse: Please identify types of substance and most recent use report: _____

Has the juvenile demonstrated any sexual acting out behaviors for which he/she has not been adjudicated? If yes, please explain:

At the time of commitment, did the juvenile make any suicidal threats? yes no

If yes, was the juvenile assessed? If yes, by whom, and what was recommended? _____

JUVENILE'S EDUCATIONAL HISTORY:

Grade Level: _____

School Name and Location last enrolled: _____

Date juvenile was last enrolled: _____

- Special Education – Self-Contained (Academic)
- Special Education – Self-Contained (Behavioral)
- Special Education/Resource

ADDITIONAL INFORMATION: _____

Email DYS Commitment Order, RS-13 and SAVRY Assessment to DYS Intake at:

dysintakeunit@dhs.arkansas.gov

Call to confirm that email was received

Please call the DYS Intake Unit (501) 682-9729, (501) 682-9770, (501) 682-9777.

Form completed by: _____ Phone Number: _____