



DYS COMMITMENT FORM

RS-13
AOC/DYS 2025

DOCKET / CASE # _____

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. (501-682-9729). If sent after 4:30pm, please call at the beginning of the next business day to confirm receipt.

1. 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: _____

2. LEGAL GUARDIAN/EMERGENCY NOTIFICATION

Guardian Name: _____ Phone Number: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

*Email address: _____

Relationship to child: parents grandparents DCFS other: _____

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

If yes, please identify: _____

Does this juvenile have any family members currently incarcerated? yes no

If yes, please identify: _____

Is there anyone that should not be allowed contact with this juvenile? Co-defendant(s) yes no

If yes, please identify: _____

Is juvenile in DHS/DCFS Custody? YES NO

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

Name: _____ Phone Number: _____

Mailing address: _____

*DCFS Caseworker Email address: _____

Attorney ad litem Information:

Name: _____ Phone Number: _____

Email address: _____

4. 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: _____

Juvenile Probation Officer Fax Number: _____

5. 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? _____

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

7. PENDING CHARGES:

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

If yes, list charging offense(s): _____

Has court jurisdiction been determined on pending charge? yes no

What court? _____ Court Date: _____

8. 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	Date

9. JUVENILE'S COURT HISTORY: If more space is needed, please attach an additional sheet.

AR Criminal Code	Offense	Type/Class	Date

10. 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 ***Please explain below**
- Sexually acting out behaviors **Please explain below***

*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/homicidal 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 identification? yes no
GED Completed? yes no
Has Youth started the GED process? yes no If yes, Where _____

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, or (501) 682-9777
Form completed by: _____ Phone Number: _____

*Email addresses will be the preferred method of contact.
*All identifying information for the juvenile must be completed in Section 1.