



**Pope County Department of Youth Rehabilitation**  
**Juvenile Probation Division**

5<sup>th</sup> Judicial District, Division 3  
200 West Main Street  
Russellville, Arkansas 72801  
(479) 967-1520

## FINS: FAMILIES IN NEED

Request for FINS Petition Form Packet



**PARENT/GUARDIAN/CUSTODIAN INFORMATION:**

Name: \_\_\_\_\_  Lives with

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_  Add as party to case

Name: \_\_\_\_\_  Lives with

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License/ State I.D. # \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse: \_\_\_\_\_  Add as party to case

**EDUCATION:**

Currently enrolled at: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Last school enrolled at: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Plan to enroll at: \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Not enrolled in public school due to:

Graduated/GED     Summer break     Dropped out     Dropped by school

Expelled, reason: \_\_\_\_\_ Return date: \_\_\_\_\_

Home school

GED school

Other, \_\_\_\_\_

**Special Education:**

N/A  History of  Currently in  To be tested  Services pending  
 504  IEP  Gifted  Self-contained  Home-bound  Resource

Reason: \_\_\_\_\_

Student **is exempt** from attendance laws

**Miscellaneous:**

**Current school issues**

Behavior:  No problems  Problems  Suspensions  Expulsions  
Grades:  Failing  Passing  
Attitude:  Hates school  Does not care  Does care  Loves school  
Absences:  None  Some  Excessive  Unexcused, #: \_\_\_\_\_  
Activities:  No  Yes, list: \_\_\_\_\_

**Notes:** \_\_\_\_\_

**MEDICAL:** (this area does not apply to mental health or substance use)

Medical Doctor (MD): \_\_\_\_\_ City: \_\_\_\_\_

List medical conditions: \_\_\_\_\_

The juvenile has been prescribed medications?  Yes  No

If yes, what: \_\_\_\_\_

Have you provided the juvenile the recommended medications?  Yes  No

If no, why? \_\_\_\_\_

The juvenile takes the medications according to prescription?  Yes  No

Is the juvenile pregnant?  N/A  No  Yes  Possible  Confirmed by MD

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

**MENTAL:**

**(this area does not apply to medical or substance use)**

Does the juvenile have any mental health illness or diagnosis?  Yes  No

If so, what is/are the diagnosis/diagnoses?

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The juvenile is currently in a treatment facility for mental health reasons.  Yes  No

Name of facility: \_\_\_\_\_ Date entered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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The juvenile has lived in a mental health facility for mental health reasons?  Yes  No

Name of facility: \_\_\_\_\_ Date entered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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Does the juvenile currently attend outpatient mental health counseling?  Yes  No

Name of Therapist/Counselor: \_\_\_\_\_

How long as juvenile been receiving counseling? \_\_\_\_\_

Last visit date: \_\_\_\_\_

The juvenile has been prescribed medications for mental health reasons?  Yes  No

Have you provided the juvenile the recommended medications?  Yes  No

If no, why not? \_\_\_\_\_

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The juvenile takes medications according to the prescription?  Yes  No

Is there a family history of any mental health illness or diagnosis?  Yes  No

If so, what is/are the diagnosis/ diagnoses? \_\_\_\_\_

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If so, what is the relationship to the juvenile of this person? \_\_\_\_\_

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**SUBSTANCES:**

**(Do not include cigarettes/vaping/chewing tobacco)**

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

Juvenile admits to past use, list substances \_\_\_\_\_

Juvenile admits to current use, list substances \_\_\_\_\_

Juvenile is currently using, list substances \_\_\_\_\_

Juvenile has friends who use, names \_\_\_\_\_

The first drug (not cigarettes) that the juvenile used was? \_\_\_\_\_ Age? \_\_\_\_\_

The juvenile is currently in a treatment facility for substance abuse issues?  Yes  No

Name of the facility: \_\_\_\_\_ Date entered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

The juvenile currently attends outpatient substance abuse counseling?  Yes  No

If yes, name of the provider \_\_\_\_\_

If yes, name of therapist/counselor \_\_\_\_\_

How long in counseling? \_\_\_\_\_ Last visit \_\_\_\_\_

Is the counselor now recommending residential treatment for the juvenile?  Yes  No

Diagnosis: \_\_\_\_\_

**LEGAL HISTORY**

Law Enforcement:  N/A  Juvenile has history with

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

Probation:  N/A  Juvenile has history with

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

FINS  N/A  Juvenile has history with

Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

**BEHAVIOR  
DOMINATING**

(check all that apply for the last 3 months only)

- Physically hit a family member?  Yes  No  Adult  Child  
Threatened to harm family?  Yes  No  Adult  Child  
Got "in the face" of family?  Yes  No  Adult  Child  
Hinted at harm of family?  Yes  No  Adult  Child

**DESTRUCTIVE**

Destroyed/Broke property intentionally?  Yes  No

**DISRUPTIVE:**

- Throws fits/temper tantrums/yells/screams/curses?  Yes  No  
Caused verbal fights/fights family members/taunts family members?  Yes  No

**DISOBEDIENT:**

(Juvenile habitually refuses to do the following)

- |   |  |
|---|--|
| <input type="checkbox"/> Change attitude          | <input type="checkbox"/> Stay away from bad influences                       |
| <input type="checkbox"/> Gain employment          | <input type="checkbox"/> Come home after school                              |
| <input type="checkbox"/> Takes medications        | <input type="checkbox"/> Follow parent/guardian directions                   |
| <input type="checkbox"/> School work              | <input type="checkbox"/> Stop engaging in dangerous or risky sexual behavior |
| <input type="checkbox"/> Attend counseling        |  |
| <input type="checkbox"/> Stop drug/alcohol use    |  |
| <input type="checkbox"/> Stop using tobacco       |  |
| <input type="checkbox"/> Follow school directions |  |
| <input type="checkbox"/> Obey a set curfew        |  |
| <input type="checkbox"/> Stop sneaking out        |  |
| <input type="checkbox"/> Stop running away        |  |

**DISSOLUTE:**  Lies  Steals

**DISRESPECTFUL:**  Uses name calling/foul and obscene verbiage in the home

**ATTITUDE:** Poor about:  Chores  Rules  School  Parents  Siblings  Re-direction

**TOBACCO:**  Never used  Past use  Current use  Parent disapproves of use

**TRANSPORTATION:**

Driver's license  Vehicle  Use of family auto  Friend(s) with car  School bus

**EMPLOYMENT:**

N/A Too young                       No history     Current yes, where: \_\_\_\_\_

**BENEFITS:**    Food stamps     Child support     Social security     Disability

Medicaid #: \_\_\_\_\_     ARKids #: \_\_\_\_\_

Private Insurance: \_\_\_\_\_

**NEEDS:**            **(Services believed to be beneficially for the juvenile)**

Counseling

Family counseling

Anger classes

Mentoring

JPO visits

Substance abuse treatment

Drug testing

Medication evaluation

Electronic monitoring

Assigned community service

Tutoring

Pro-social activity

Other \_\_\_\_\_

Other \_\_\_\_\_



**WRITTEN STATEMENT**

Please provide below a written statement about the behaviors exhibited by the juvenile for the past 1-3 months that justifies the filing of the FINS Petition by the Prosecuting Attorney.

The below statement is to my knowledge true as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date