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JUVENILE COVER SHEET

IN THE DISTRICT COURT OF TULSA COUNTY, STATE OF OKLAHOMA

IN RE:

- JD (DEPRIVED)
JDH (SHOW CAUSE)
JDHT (MENTAL HEALTH)
JT (MH IN NEED OF TREATMENT)
JMI (MISCELLANEOUS)

CASE NO. _____

*COVER SHEET REQUIRED FOR EACH CHILD

MINOR CHILD INFORMATION

THE INFORMATION BELOW IS REQUIRED OF EACH PARTY IN THE CASE.

PARTY TYPE: MINOR CHILD INFORMATION

OTHER

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS ADDRESS TYPE HOME WORK OTHER DRIVERS LICENSE / EIN NUMBER

CITY STATE ZIP TELEPHONE DATE OF BIRTH RACE / GENDER

DEFENSE ATTORNEY INFORMATION

IF LICENSED IN OKLAHOMA, FILL IN ADDRESS INFORMATION ONLY IF IT NEW SINCE THEY WERE REGISTERED WITH THE OKLAHOMA BAR ASSOCIATION. ATTACH ADDITIONAL COVER SHEETS FOR ADDITIONAL ATTORNEYS. ALL ATTORNEYS SHOULD BE LISTED. NOTE: ADDRESS CHANGES ARE EFFECTIVE IN ALL OCIS COUNTIES.

COMPANY OR LAST NAME FIRST NAME MIDDLE NAME PREFIX (MR., ETC.) SUFFIX (SR., ETC.)

STREET ADDRESS ADDRESS TYPE HOME WORK OTHER EMAIL ADDRESS

CITY STATE ZIP TELEPHONE BAR NUMBER AND STATE (REQUIRED)

PROSECUTING ATTORNEY INFORMATION

IF LICENSED IN OKLAHOMA, FILL IN ADDRESS INFORMATION ONLY IF IT NEW SINCE THEY WERE REGISTERED WITH THE OKLAHOMA BAR ASSOCIATION. ATTACH ADDITIONAL COVER SHEETS FOR ADDITIONAL ATTORNEYS. ALL ATTORNEYS SHOULD BE LISTED. NOTE: ADDRESS CHANGES ARE EFFECTIVE IN ALL OCIS COUNTIES.

COMPANY OR LAST NAME FIRST NAME MIDDLE NAME PREFIX (MR., ETC.) SUFFIX (SR., ETC.)

STREET ADDRESS ADDRESS TYPE HOME WORK OTHER EMAIL ADDRESS

CITY STATE ZIP TELEPHONE BAR NUMBER AND STATE (REQUIRED)

FAMILY INFORMATION:

NF NAME/ADDRESS NM NAME/ADDRESS SF NAME/ADDRESS SM NAME/ADDRESS GUARDIAN/CUSTODIAN NAME/ADDRESS OTHER NAME/ADDRESS

SIGNATURE: DISTRICT ATTORNEY / ASSISTANT ADA SIGNATURE: DEFENSE ATTORNEY

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