

CERTIFICATE OF SERVICE

IN THE CIRCUIT COURT OF _____ COUNTY, ARKANSAS
JUVENILE DIVISION

ARKANSAS DEPARTMENT OF HUMAN SERVICES

PLAINTIFF

VS. _____ NO. _____

_____, MOTHER

_____, LEGAL/PUTATIVE FATHER OF:

NAME OF JUVENILE DOB _____ SEX _____

DEFENDANTS

I hereby certify that a copy of a Court Report in the above matter set for hearing on _____
was served on the following persons as outlined below:

Name of Attorney Ad Litem Mail address, Fax# or Email

Name of Parent Counsel Mail address, Fax# or Email
(Send to the mother if she does not have counsel.)

Name of Parent Counsel Mail address, Fax# or Email
(Send to the father if he does not have counsel.)

Name of CASA Mail address, Fax# or Email

Name of any other party to this action Mail address, Fax# or Email

Name of DCFS employee

DCFS employee signature

Date

cc: OCC Attorney, Fax # or Email
file