

AOC-JV-41 Doc. Code: ATE
 Rev. 7-24 Juv Id: _____
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 Commonwealth of Kentucky
 Court of Justice www.kycourts.gov
 KRS 159.140; 605.020; 630.060



**AFFIDAVIT AND TRUANCY
 EVALUATION FORM**

CDW Referral No. _____
 Case No. _____
 Court [] Family [] District
 County _____

Demographic Information:

Name:	DOB:	Grade:	Race:	Gender:
School:	SSN:			
Mother:	Father:			
Other Legal Guardian(s):		Relationship:		

Student resides with: (Please check all that apply)

<input type="checkbox"/> Both Parents Parent's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Mother Mother's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Father Father's Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:
<input type="checkbox"/> Other/Legal Guardian Other/Legal Guardian Resident Address: Mailing Address(<i>if different than above</i>):		
Home Phone:	Cell Phone:	Work Phone:

Truancy Information:

Total Absences:	Absences Unexcused:	Total Tardies:	Tardies Unexcused:
Total Days Not Enrolled:			
How many school years has this student been habitually truant:			

School Issues: (Please check all that apply)

<input type="checkbox"/> Skipping School <input type="checkbox"/> Low Academic Performance <input type="checkbox"/> Suspected Drug Involvement <input type="checkbox"/> Poor Peer Relationships	<input type="checkbox"/> Skipping Classes <input type="checkbox"/> Suspensions (# of events _____) <input type="checkbox"/> Suspected Alcohol Use <input type="checkbox"/> 504 Plan	<input type="checkbox"/> Behavior Issues <input type="checkbox"/> Suspected Gang Involvement <input type="checkbox"/> Bullying/Safety Concerns <input type="checkbox"/> IEP (Last ARC Date: _____)
Other School Concerns:		

Basic Needs Not Met In The Home:

<input type="checkbox"/> Food <input type="checkbox"/> Clothing <input type="checkbox"/> Shelter <input type="checkbox"/> Medical <input type="checkbox"/> Books <input type="checkbox"/> Parental Care <input type="checkbox"/> Other (Describe): _____
List any concerns from home visit(s):
What referrals or resources have been provided:

Causes of irregular attendance and truancy: (Describe the issues causing truancy.)

Interventions By School for Truancy (Please list dates of the following interventions attach a contact log if one is available.):

Phone Calls:	Date Final Notice was Delivered:
Letters Sent:	Final Notice Delivery Method: <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Certified Mail
Parent Conference:	Person who signed/Received Notice: _____
Student Conference:	
Home Visit(s):	Person Refused to Sign: <input type="checkbox"/>
Other:	
Did parent/guardian ever attend a Truancy Diversion Program meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Offered	

Recommended trauma-informed strategies: (Please list any indicated interventions)

Additional pertinent information for the court, if any:

This form was: Prepared by: _____
Name _____ Title _____
Phone No. and Email _____ Date _____

Affidavit

I, _____, the undersigned Affiant, state that I have read the foregoing and that the matters stated herein are true to the best of my information, knowledge, and belief.

This student has 15 or more unexcused days and upon consultation with the county attorney was directed to file a habitual truant complaint with the Court Designated Worker.

Signature

Printed name

SWORN TO before me this _____ day of _____, 2____.

Name _____ Title _____

This affidavit was hand-delivered emailed to the Court Designated Worker on: _____

Please attach the following reports: ● Attendance ● Behavior ● Grades ● FRYSC (if applicable)