

AOC-JV-41 Doc. Code: ATE
 Rev. 1-11 Juv Id: _____
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 Commonwealth of Kentucky
 Court of Justice www.courts.ky.gov
 FCRPP 40



**AFFIDAVIT AND TRUANCY
 EVALUATION FORM**

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

Name:		DOB:	Grade:	Race/Sex:
School:		Student ID#	Program:	
Mother:		Custodial Parent/Guardian:		
Father:				
Student's Address:		Zip:	Resides With:	Relationship:
Home Phone:		Work Phone:	Referral Source:	
Cell Phone:		Absences Unexcused:		Tardy:
Accumulative Absences:				
Days Not Enrolled:	Suspensions:	Date of Referral:		
		Total Unexcused Absences: _____		

Schooled-Aged Siblings:

Name	DOB	School/Grade	Sibling ID#	#Days Absent

- PLEASE ATTACH ATTENDANCE RECORD OF UNEXCUSED ABSENCES AND TARDIES
- ATTACH DISCIPLINE REPORT
- ATTACH GRADE REPORT

FAMILY HISTORY:

Previously/Currently active with Child Protective Services:
Siblings have had attendance issues in the past:
Siblings currently referred for truancy:
Other:

FAMILY INFORMATION:

Marital Status:
Employment:
Domestic violence:
Frequently displaced or homelessness:
Child & Family medical conditions or illness:
Other:

SCHOOL ISSUES:

Skipping school/cutting classes:
Referrals/discipline issues/suspensions: <i>(See Attached Behavior Report, if applicable)</i>
Academic performance: <i>(See Attached Grade Report)</i>
Lack of respect for authority:
Bullying/safety concerns:
Peer relationships:
Suspected gang involvement:
Suspected drug involvement:
Suspected alcohol use:
Other:

HOME CONDITIONS:

CLOTHING NEEDS:

Uniforms:
Shoes:
Referral made to Program Specialist for assistance:
Referral to Youth Services Coordinator/Family Resource Youth Services Coordinator at local school:
Other:

AGENCIES INVOLVED:

Mental Health Service Provider/Comp Care:
Child Protective Services:
Physician/Psychiatrist/Psychologist:
Counseling:
Family Intervention Services:
Other:

INTERVENTIONS BY LOCAL SCHOOL:

Phone calls (include dates):
Letters sent (include dates):
Parent conference (include dates):
Student conference (include dates):
Home visits (include dates attempted):
Referral to Youth Services Coordinator/Family Resource Youth Services Coordinator:
Referral to other agency:
Other:

Date of Final Notice:
Hand delivered/signed by:
Hand delivered/parent refused to sign:
Mail certified/green card signed:
Mail certified/returned unclaimed:
Other:

ADDITIONAL PERTINENT INFORMATION FOR THE COURT

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.	
_____ Signature	
_____ Printed name	
SWORN TO before me this _____ day of _____, 2_____.	
Name _____	Title _____

- List of Attachments:**
- ARC Meeting Notes (if applicable)
 - 504 plan (if applicable)
 - Attendance Record of Unexcused Absences/Tardies
 - Behavior Intervention Plan (if applicable)
 - Discipline Report
 - Grade Report