

AOC-JV-41 Doc. Code: ATE  
 Rev. 6-16 Juv Id: \_\_\_\_\_  
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 Commonwealth of Kentucky  
 Court of Justice [www.courts.ky.gov](http://www.courts.ky.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:**

- Food     Clothing     Shelter     Medical     Books     Parental Care  
 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	

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Name \_\_\_\_\_ Title \_\_\_\_\_

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