**State of Delaware Truancy**

**Truancy Filing Packet**

Revised: January 5, 2023

Instructions to file a Truancy Charge:

*Complete the entirety of this document in Microsoft Word and save and submit it as a PDF. Handwritten and/or incomplete submissions will not be accepted.*

*\*\*\*Remember\*\*\**

* DO NOT include more than one (1) filing in each email unless the cases are related.
* If you are filing a Truancy matter against multiple individuals in the same family, they must be included in a single email as separate attachments.
* DO NOT send more than one (1) filing in a single attachment.
* Submit all documents for one (1) filing in a single attachment. DO NOT send multiple attachments for a single filing.
* Save your attachments with the format: “[Defendant’s Last Name, First Name] – Truancy Filing”
* When submitting a filing, the email should be sent to [FC\_Truancy@delaware.gov](mailto:FC_Truancy@delaware.gov) and JP Court Truancy staff in your county with a Subject Line of “Defendant’s Last Name, First Name – Truancy Filing”.
  + If filing against a parent and child in the same email, you should format the subject line as “[Student’s Last Name, First Name] and Parent(s) – Truancy Filings.”

Failure to fill out all sections correctly will result in the Court returning the filing to you for corrections. Your case will not move forward until you re-submit the filing.

**Exhibit B -**

In and For  New Castle County  Kent County  Sussex County

# Affidavit of Probable Cause

(To be completed by school official for (Select One) as the Defendant)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State of Delaware in the interest of the student: | | | | | | | | | | |  | | | | | | | | | | | |
| Age |  | | DOB | |  | | | | | Sex | |  | | | | | Race | |  | | | |
| Parent/Guardian Name | | | | |  | | | | | | | | | Relation to Student | | | | | |  | | |
| Age |  | | DOB | |  | | | | | Sex | |  | | | | | Race | |  | | | |
| Student/Parent Contact Information: | | | | | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | | | | (House Number and Street Name) | | | | | | | | | | | | | | |
|  | | | | | | | | (City, State, Zip) | | | | | | | | | | | | | | |
| Phone  Home or  Cell | | | | | | | |  | | | | | | | | | | | | | | |
| Email Address | | | | | | | |  | | | | | | | | | | | | | | |
| Grade: | |  | | Number of Grades/Times Retained: | | | | | | | | | | | | | |  | | | | |
| Your affiant has probable cause to believe that the above-named individual committed a violation of the offense(s) listed in Exhibit A on the dates and the locations as shown there. This belief is based upon the following facts and circumstances as shown below. | | | | | | | | | | | | | | | | | | | | | | |
| Date offense occurred (time-period of unexcused absences): | | | | | | | | | | | | | | | |  | | | | | | |
| Location where offense occurred (child’s school): | | | | | | | | | | | | |  | | | | | | | | | |
| Facts and Circumstances: | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | |
| (Type Details Here) | | | | | | | | | | | | | | | | | | | | | | |
| Violation of [14 *Del. C.* § 2702](https://delcode.delaware.gov/title14/c027/sc01/index.html) : | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Failed to Attend School for | | | | | | | | | | | |  | days |
| (Defendant’s Name) | | | | | | | | |  | | | | | | | | | | | | (# Unexcused Days) | |
| resulting in the Truancy of | | | | | |  | | | | | | | | | | | | | | | | |
| I affirm that I have attached the following documents (all documents except for the list of witnesses are mandatory): | | | | | | | | | | | | | | | | | | | | | | |
| Form 669 – Summary of District Interventions | | | | | | | | | | | | | | | Attendance Record | | | | | | | |
| Certified Letter (per [14 *Del. C.* § 2702(d)(2))](https://delcode.delaware.gov/title14/c027/sc01/index.html) | | | | | | | | | | | | | | | 10/15/20-Day Letters (Submit Each) | | | | | | | |
| Signed Contract per (per [14 *Del. C.* § 2702(f)](https://delcode.delaware.gov/title14/c027/sc01/index.html)) | | | | | | | | | | | | | | | List of Witnesses (Optional) | | | | | | | |

# Name, address, and phone number of witnesses needed for trial

If other individuals need to be present for the hearing, please include their information with this filing on a separate document.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Affiant Information: | | | | |  | | |  | | |
| Phone: | |  | | | | | | | | |
| School District: | |  | | | | | | | | |
| Address: | |  | | | | | | | | |
|  | |  | | | | | | | | |
| County | |  | | | | | | | | |
| Email Address | |  | | | | | | | | |
|  |  | | | | | | | | | |
| Affiant |  | | | | |  |  | | | |
|  | (Print Name) | | | | |  | (Signature) | | | |
| Date: |  | | | | |  | | | | |
|  |  | | | | |  | | | | |
| Sworn and Subscribed before me this | | |  | day of | |  | | | 20 |  |
| Witness |  | | | | | | | | | |

# FORM 669: Summary of District Interventions and Student/Family Profile:

In and For  New Castle County  Kent County  Sussex County

*NOTE: This Form is for the Court’s use ONLY and is confidential unless otherwise noted by the Hearing Officer.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | The District notified the student and family at the beginning of the school year of the District’s attendance requirements, including procedures and penalties related to truancy (per [14 *Del. C.* § 2724](https://delcode.delaware.gov/title14/c027/sc02/index.html)). | | | | |
|  | How were the student and their family notified? | | |  | |
|  | Where can the district definition of “valid excuse” be found? This should be as specific as possible. | | | | |
|  |  | | | | |
|  | Following the tenth day of unexcused absence by a student, the school immediately notified the parent(s) or guardian(s) and a Visiting Teacher attempted a home visit (per [14 *Del. C*. § 2702(d)(1)](https://delcode.delaware.gov/title14/c027/sc01/index.html)) | | | | |
|  | Dates of attempted home visit(s): | |  | | |
|  |  | |  | | |
|  | Was the Visiting Teacher successful in notifying the parent? | | | | Yes  No |
|  | Visiting Teacher or other school official(s) scheduled a meeting via certified letter and subsequently met with student and parent about attendance problem, (per [14 *Del. C.* § 2702(d)(2)](https://delcode.delaware.gov/title14/c027/sc01/index.html) and [14 *Del. C*. § 2725 and § 2726](https://delcode.delaware.gov/title14/c027/sc02/index.html)).  Describe the outcome of this meeting (with supporting detail): | | | | |
|  | (Type Details Here) | | | | |
|  | Was a contract signed by each parent or guardian (per [14 *Del. C*. § 2702(f)](https://delcode.delaware.gov/title14/c027/sc01/index.html))?  Yes  No | | | | |
|  | If a meeting did not occur, please explain why: | | | | |
|  | (Type Details Here) | | | | |
|  | The Student currently has or previously had an Individualized Education Plan (IEP) or 504 Plan? | | | | |
|  | Date of Last Update Meeting: |  | | | |
|  | The District referred the student for educational testing or special accommodations.  The District implemented the following accommodations: | | | | |
|  | (Type Details Here) | | | | |
|  | The District referred the student to the Wellness Center or mental health provider. | | | | |
|  | The District found the student has a substance abuse problem.  Has the District referred the student for assessment?  Yes  No | | | | |
| If yes, by whom? | | | |  |
| If yes, where were they referred? | | | |  |
|  | Significant family dysfunction exists. | | | | |
|  | (Type Details Here) | | | | |
|  | The District found the Parent has a mental health or substance abuse problem.  Has the District referred the parent for treatment?  Yes  No | | | | |
| If yes, by whom? | | | |  |
| If yes, where were they referred? | | | |  |
|  | Transportation problems exist and are affecting student’s attendance.  What are the challenges and how is the District addressing them? | | | | |
|  | (Type Details Here) | | | | |
|  | Student and family are coping with homelessness/housing problems.  What are the challenges and how is the District addressing them? | | | | |
|  | (Type Details Here) | | | | |
|  | Medical problems are affecting student’s attendance. | | | | |
|  | Student and family are active with the Children’s Department (Select all that apply). | | | | |
|  | Division of Youth Rehabilitation Services (DYRS)  Division of Prevention and Behavioral Health Services (DPBHS)  Division of Family Services (DFS) | | | | |
|  | What were their recommended interventions? | | | | |
|  | (Type Details Here) | | | | |
|  | Student strengths | | | | |
|  | (Type Details Here) | | | | |
|  | Other Pertinent Information | | | | |
|  | (Type Details Here) | | | | |
|  |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Affiant |  |  |  |
|  | (Print Name) |  | (Signature) |
| Date: |  |  | |
|  |  |  | |