**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 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: |       |  |
|  |  |  |