**State of Delaware Truancy**

**Truancy Filing Packet**

Revised: November 2, 2023

\*Please look over these instructions carefully.

*Complete the entirety of this document in Microsoft Word, then 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 First Name and Last 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 First Name and Last Name – Truancy Filing”.
  + If filing against a parent and child in the same email, you should format the subject line as “[Student’s First Name and Last 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 as the Defendant)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STATE OF DELAWARE VS | | | | | |  | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | |
| Student Name: | |  | | | | | | | | | | | | | | | | |
|  | Age | |  | | DOB | | | | | |  | | Sex | |  | | | |
|  | Race | |  | | | | | | | | | | Ethnicity | |  | | | |
| Grade: | | |  | | Number of Grades/Times Retained: | | | | | | | | | |  | | | |
| Parent/Guardian Name: | | | |  | | | | | | | | | Relation to Student | | | |  | |
|  | Age | |  | | DOB | | | | | |  | | Sex | |  | | | |
|  | Race | |  | | | | | | | | | | Ethnicity | |  | | | |
| Is an Interpreter needed for this case?  Yes  No Language: | | | | | | | | | | | | | | |  | | | |
| Student/Parent Contact Information: | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | | | | (House Number and Street Name) | | | | | | | | | | |
|  | | | | | | | | (City, State, Zip) | | | | | | | | | | |
| Phone  Home or  Cell | | | | | | | |  | | | | | | | | | | |
| Email Address | | | | | | | |  | | | | | | | | | | |
| This filing is against a parent ONLY.  This filing is against a student only and the parent is being filed against at the same time OR the parent already has an open case regarding this student.  *\*Please note: If the custodial parent does not have an active case and the student is 12 years old or older, you must file against the parent also.* | | | | | | | | | | | | | | | | | | |
| Your affiant has probable cause to believe that the above-named defendant 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 (school name & address): | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |  | | | | |
| County: | | | | | | | | | | | | | |  | | | | |
| Facts and Circumstances: | | | | | | | | | | | | | | | | | | |
| (Type Details Here) | | | | | | | | | | | | | | | | | | |
| Violation of [14 *Del. C.* § 2702](https://delcode.delaware.gov/title14/c027/sc01/index.html) : | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | Select a Statute Above | | | | | | |  | | days |
| (Defendant’s Name) | | | | | | | | | |  | | | | | | (# Unexcused Days) | | |
| resulting in the Truancy of | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | |
| I affirm that I have attached the following documents (check all that apply): | | | | | | | | | | | | | | | | | | |
| Attendance Record | | | | | | | | | | | | Certified Letter (per [14 *Del. C.* § 2702(d)(2))](https://delcode.delaware.gov/title14/c027/sc01/index.html) | | | | | | |
| Signed Contract (per [14 *Del. C.* § 2702(f)](https://delcode.delaware.gov/title14/c027/sc01/index.html)) | | | | | | | | | | | | Truancy Notice Letters | | | | | | |
| *If you are unable to attach the Signed Contract, provide the reason below:* | | | | | | | | | | | | List of Witnesses (Optional) | | | | | | |
| (Type Details Here) | | | | | | | | | | | | | | | | | | |

# If other individuals need to be present for the hearing, please include their information with this filing on a separate document. Ex. Name, address, and phone number of witnesses needed for trial.

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