

# Warren County Juvenile Court Truancy Referral Form

Date \_\_\_\_\_ Referral Type:  Truancy (Child)  Failure-To-Send (Adult)

**School District** \_\_\_\_\_

School Representative Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Interpreter Needed** Language \_\_\_\_\_

**Children Services Referral** Date \_\_\_\_\_

Case Opened:  Yes  No  Unknown Caseworker Name \_\_\_\_\_ Phone \_\_\_\_\_

## Parent/Custodian Information

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Has Custody  Student Lives With

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Has Custody  Student Lives With

## Emergency Contact (Other Than Parent/Custodian)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## Student Information

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Grade \_\_\_\_\_ Credits \_\_\_\_\_ IEP  504  Date of last IEP/504 \_\_\_\_\_

Lessons Completed \_\_\_\_\_ Lessons Required \_\_\_\_\_

**Unexcused Hours** \_\_\_\_\_ **Excused Hours** \_\_\_\_\_ **Medically Excused Hours** \_\_\_\_\_

Total Hours Absent from School \_\_\_\_\_

## Other Youth in Home (Not Part of This Referral)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Excused Hour YTD \_\_\_\_\_ Unexcused Hour YTD \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Excused Hour YTD \_\_\_\_\_ Unexcused Hour YTD \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Excused Hour YTD \_\_\_\_\_ Unexcused Hour YTD \_\_\_\_\_

**Student Learning Plan:**  In-School  Remote  Blended

Remote Learning:  Student Has Equipment/  School-provided  Student Has Internet/ School-provided

Excessive Absence Notice Sent Delivery Method \_\_\_\_\_ COPY OF THE LETTER MUST BE ATTACHED

Revised 5/16/24

**IN ORDER FOR THE COURT TO ACCEPT YOUR FILING, THE FOLLOWING ITEMS ARE REQUIRED:**

**HB 410 Compliance/Absence Intervention Plan**

Narrative and any relevant materials detailing three (3) good faith attempts to engage parents in the absence intervention team.

Absence Intervention Meeting Scheduled with Parent/Guardian Date \_\_\_\_\_ Delivery Method \_\_\_\_\_

Parent Attended  Student Attended Other Attendees \_\_\_\_\_

Narrative attached to this *Referral Form* detailing the interventions utilized with the student as laid out in the district policy when the student became excessively absent. *What barriers (home/family stressors, history of trauma, mental health concerns, transportation, illness, inadequate supervision, etc) were noted? What measures were taken to overcome them? List all the contributors to the student's truancy and what was done about it by the school.*

Narrative detailing the plan developed by absence intervention team to engage the student in attending school, specific intervention efforts, and services provided to the family during initial 60 days interval. *What supports and resources were offered? Did the intervention team offer individualized strategies for this student, tailored for that student's needs and barriers that led to the student's truancy? During the 60-day period, was the student referred to the ESC's website for the mini-series Truancy Education Group? Was the student referred Coordinated Care or to in-home based services programming with Parent Success?*

Absence Intervention Plan Start Date \_\_\_\_\_

Parent received copy of absence intervention plan Date \_\_\_\_\_ Delivery Method \_\_\_\_\_

Court Referral before 61<sup>st</sup> day  Court Referral After 61<sup>st</sup> day

Narrative detailing absence intervention team overall impression relating to the student's compliance with the plan.

Copy of AIP, attendance, grades, transcripts (or note how many credits a youth has) and reports from service providers, if applicable.

By statute, we must first consider diversion on all cases that are filed with the Court before a case is made "official." HB 410 has made the Court the last resort; therefore, the Court will merely follow up on all the remedial measures that you have already taken.

HB 410 envisions the school has already taken measures to remedy the truancy issues the student is facing. The more particular and individualized they are, the better the student has at success.

As such, receipt of the documentation of what has been done to remediate the problems and barriers by the school is a must before we will accept the truancy complaint filing.

**TO BE COMPLETED BY LAW ENFORCEMENT ONLY**  
**WARREN COUNTY, OHIO COURT OF COMMON PLEAS**  
**JUVENILE DIVISION**

**JUVENILE COURT FACT SHEET**

(A SEPARATE FACT SHEET NEEDS TO BE COMPLETED FOR EACH OFFENSE DATE)

NAME OF PERSON FILING: \_\_\_\_\_ FILING DATE: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

ADDRESS OF AGENCY: \_\_\_\_\_

DATE OF OFFENSE: \_\_\_\_\_

CODE/SECTION/SUB SECTION AND DEGREE OF OFFENSE: 2919.24(B)(2) M/1 Contributing

FACTS:

VICTIM/OWNER NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

VICTIM/OWNER ADDRESS: \_\_\_\_\_

DEFENDANT (FULL LEGAL NAME): \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PARENT/ GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF OFFICER FILING: \_\_\_\_\_

FILING FOR OFFICER: \_\_\_\_\_

WARRANT REQUESTED:  YES  NO IF YES, PLEASE SIGN: \_\_\_\_\_

SSN: \_\_\_\_\_ RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

**TO BE COMPLETED BY DEPUTY CLERK ONLY**

IN ACCORDANCE WITH CRIM. R. (4)(A)(1), OFFICER HAS ESTABLISHED PROBABLE CAUSE FOR A WARRANT TO BE ISSUED, TO WIT: \_\_\_\_\_

WARRANT TO BE ISSUED

SUMMONS TO BE ISSUED

CLERK SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IN THE WARREN COUNTY, OHIO COURT OF COMMON PLEAS  
JUVENILE DIVISION  
COMPLAINT

SECTION 2919.24(B)(2) – Contributing

CASE NO. \_\_\_\_\_

STATE OF OHIO  
v.

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_ being first duly cautioned and sworn, deposes and alleges

that he / she has knowledge, information and belief that \_\_\_\_\_  
did recklessly act in a way tending to cause a juvenile to become an unruly child, as defined in Section 2151.022 of the  
Ohio Revised Code or a delinquent child, as defined in Section 2152.02 of the Ohio Revised Code, in that on or about  
\_\_\_\_\_ in the County of Warren and State of Ohio the defendant **has failed to send the juvenile  
to school as required by law.**

**To Wit:** (State essential facts constituting charged offense – you must describe what happened in the space below)

_____ has _____ unexcused hours, at _____ school.
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Contrary to and in violation of **Section 2919.24(B)(2)** of the Ohio Revised Code, an **M-1**.

Sworn to before me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Joseph W. Kirby, Judge**  
Warren County Common Pleas Court  
Juvenile Division

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
By: Deputy Clerk / Notary Public