

*****TRUANCY OFFICER USE ONLY*****

Case Number _____ Date Received _____

Investigator Special Deputy SALANI

Phone Contact (Dates and Times)

Home Visit (Dates and Times)

Transports or Attempts (Dates and Times)

Service of Compulsory Attendance Laws (Date and Time)

Service of Noncompliance (Date and Time)

Case Disposition:

_____ Open
_____ Closed
_____ Unfounded. Reason _____

Refer to SODA Program (Date) _____

Refer to CCJJ Program (Date) _____

Refer to Prosecutor for misdemeanor educational neglect (Date and Person Charged) _____

Warrant Issued _____ Action Taken _____

Refer to Assistant Prosecutor for juvenile hearing (Date) _____

Hearing Date _____ Action Taken _____

Refer to FIA Protective Services (Date and Person/s) _____

Truancy Officer Signature _____