

PARENT DEFENDANT INFORMATION

LAST NAME	
FIRST NAME	
MIDDLE INITIAL	
DATE OF BIRTH	
SEX	
RACE	
HEIGHT	
WEIGHT	
EYE COLOR	
HAIR COLOR	
STREET ADDRESS	
CITY	
ZIP CODE	
PHONE NUMBER(S)	
TRUANT MINOR'S NAME	
SCHOOL GRADE OF MINOR	
MINOR'S SCHOOL	

DOES THE CHILD & PARENT LIVE IN PUBLIC HOUSING? <input type="checkbox"/> YES OR <input type="checkbox"/> NO <i>If yes, answer the two questions below:</i>	
IS PUBLIC HOUSING: FEDERAL/ STATE/ OR COUNTY	
NAME OF PUBLIC HOUSING	
NAME OF TRUANT OFFICER	
TRUANT OFFICER'S PHONE NUMBER	
DATES OF TRUANCY	