PARENT DEFENDANT INFORMATION

(REQUIRED FOR EACH PARENT)

LAST NAME *(required)*	
FIRST NAME *(required)*	
MIDDLE INITIAL	
DATE OF BIRTH	
SEX *(required)*	
RACE *(required)*	
HEIGHT *(required)*	
WEIGHT *(required)*	
EYE COLOR *(required)*	
HAIR COLOR *(required)*	
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? □**YES** **OR** □**NO** ***If yes, answer the two questions below:***	
IS PUBLIC HOUSING: FEDERAL/STATE/OR COUNTY	
NAME OF PUBLIC HOUSING	
TRUANCY OFFICER'S PHONE NUMBER	
ACADEMIC YEAR OF TRUANCY	2026-2027

REVISED: August 2026