



State of Connecticut  
Court Support Services Division  
Juvenile Probation Services

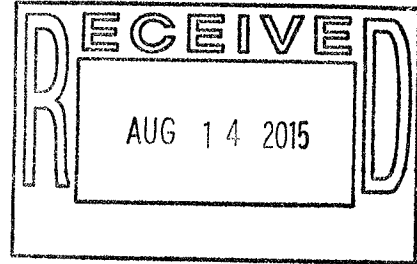
60 Housatonic Avenue, Bridgeport, Connecticut 06604

Tel: (203) 579-3636

Fax: (203) 579-6804

August 7, 2015

Mr. James Agostine  
Superintendent of Schools  
375 Monroe Tpke.  
Monroe, CT 06468



Dear Superintendent Agostine:

Enclosed, please find the new Judicial Branch form "Complaint- School Truancy/Defiance Family With Service Needs" referral. This form became effective in May, 2015. Truancy/Defiant of School Rules referrals that are filed on forms older than May, 2015, will not be accepted. This form may also be located on the Judicial Branch website, under forms.

It is our hope that your office will be able to pass this form along to the schools included in your district. It is required that the Superintendent of Schools signs off on all complaints made. If such responsibility is expected to be delegated to another member of your office, please send us such in writing, as we are not able to accept such referrals unless they are signed by the Superintendent or Designee. Should you have any questions, please do not hesitate to contact me at the number above. Thank you in advance for your attention to the new form.

Sincerely,

A handwritten signature in cursive script that reads "Maura R. Brennan".

Maura R. Brennan  
Supervisor II

**COMPLAINT - SCHOOL TRUANCY/DEFIANCE  
FAMILY WITH SERVICE NEEDS**

JD-JM-119 Rev. 5-15  
C.G.S. §§ 46b-120, 149, 10-198a, 10-200

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
JUVENILE MATTERS  
www.jud.ct.gov



Name of Child		Address of child					
SASID Number	Grade	Sex	Date of birth	Indian tribe/reservation, if any		Child's Ethnicity: Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other							
Name of Mother			Address of Mother				
Name of Father			Address of Father				
Name of Guardian, if any			Address of Guardian				
Mother's Contact Telephone Number			Father's Contact Telephone Number		Guardian's Contact Telephone Number		
Name of complainant			Address of complainant				
Name of school and contact person at school				Telephone Number		Fax Number	
Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	PPT <input type="checkbox"/> Yes <input type="checkbox"/> No	PPT Date	Parent/Guardian Attended PPT <input type="checkbox"/> Yes <input type="checkbox"/> No		504 <input type="checkbox"/> Yes <input type="checkbox"/> No	504 Date	

A family with service needs complaint may be filed only after the school has exhausted all available options to rectify the problem. **Please fill out this form in its entirety. If the school has not exhausted all school and community based options, the referral may be returned without any further action.**

A complaint may be found insufficient if it does not include the following as required by state law including, but not limited to, Section 10-198a of the Connecticut General Statutes: ("X" box if action has been taken)

- A meeting was held with the parent of the truant child and appropriate school personnel reviewed and evaluated the reasons for the child being truant. The meeting was held not later than 10 school days after the child's 4th unexcused absence in a month or the 10th unexcused absence in a school year.
- Coordination of services and referrals for the child were made to community agencies providing child and family services.
- Every year, at the beginning of the school year and upon any enrollment during the school year, the parent was informed in writing of his or her obligations or the obligations of any other person having control of the child under Section 10-184 of the Connecticut General Statutes.
- School personnel made reasonable efforts to notify the parent or other person having control of the child by telephone whenever the child failed to report to school on a regularly scheduled school day and no indication was received by school personnel that the child's parent or other person having control of the child was aware of the pupil's absence.

If records are incomplete or do not exist please attach an explanation for the Court.

**Type of Referral**

The family is a family with service needs because it includes a child who is (place an "x" in the appropriate box or boxes):

- Truant** (Four (4) unexcused absences in one month or Ten (10) unexcused absences in a school year)
- Habitually Truant** (Twenty (20) unexcused absences in a school year)
- Defiant** (Continuously and overtly defiant of school rules and regulations)

**Attendance**

List specific dates of unexcused absences in the space below. Do not just reference the included attendance report in this section.

**Behavior**

If this referral is based on the child's in-school conduct rather than truancy, provide documentation that the child has been continuously and overtly defiant of school rules and regulations. There must be a pattern of defiance over a time. A single incident is not sufficient to establish that a child is defiant of school rules. *(List all dates and description of behavior)*

**Community Service**

Document attempts to refer to community agencies providing child and family services. List dates and agencies and provide reasons why efforts were successful or unsuccessful.

Date	Community Agency (Name and Town)	Outcome (if known)

**Parent/Guardian Meeting**

List dates and Parent/Guardian Attendance of Meetings:	
Date of Meeting	Parent/Guardian Attendance
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian did not attend meetings or otherwise did not cooperate with the school in attempting to solve the truancy problem.

Has the parent or guardian been notified of the filing of this complaint?    Yes    No

If Yes, Date notified: \_\_\_\_\_

If No, Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed ( <i>Superintendent of School, only</i> )	Print or type name of person signing	Date signed
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