**LORAIN COUNTY DOMESTIC RELATIONS COURT**

# Lorain County Justice Center

**225 Court Street 2nd Floor Elyria, Ohio 44035**

**Fax: (440) 329-5271**

**Phone: (440) 329-5187**

**Lorain County Juvenile Court Complaint Checklist**

**Student’s Name:**

*When filing an Unruly complaint for Habitual Truancy and/or an Adult complaint for Failure to Send a Child to School, all of the following must be submitted to the Juvenile Clerk’s Office. An original and 2 copies must be submitted or costs will be incurred for additional copies.*

*(Please print legibly or type)*

In accordance with Ohio Revised Code 2151.011(B)(18), 3321.16, and HB 410, the following information is required to begin the Juvenile Court truancy complaint review process

**[ ]** This completed checklist to accompany all information requested below

 **[ ]** A completed Lorain County Juvenile Court Information Sheet

**[ ]** An accurate and legiblenotarized and signed sworn complaint containing all required information

**[ ]** A copy of the excessive absence warning letter issued to the Parent/Guardian/Custodian

 Date Delivered: Method of Delivery:

 (ie: email, regular/certified mail, personal service)

**[ ]**  An accurate and legible copy of the juvenile’s PRESENT, year-to-date attendance record, showing the date

 and number of hours of each absence without legitimate excuse.

 **[ ]  HB 410 & [ORC 2151.011 (B)(18)] [ORC 3321.16] Trigger Date**

 30 or more consecutive hours of absences without legitimate excuse

 42 or more hours of absences without legitimate excuse in one calendar month

 72 or more hours of absences without legitimate excuse in a school year

**[ ]** Absence Intervention Team (AIT) Members *(please print legibly or type)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title/Position Held | Address | Phone Number |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |
|       |  |  |  |

**[ ]** The team member(s) who made three or more meaningful, good faith attempts to secure the participation

 of the Parent/Guardian/Custodian or Designee *(please print legibly or type)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title/Position Held | Address | Phone Number | Attempt & Date |
| 1      |  |  |  | [ ]  Phone: [ ]  Personal: [ ]  Mail: [ ]  Email: [ ]  Other:  |
| 2      |  |  |  | [ ]  Phone: [ ]  Personal: [ ]  Mail: [ ]  Email: [ ]  Other:  |
| 3      |  |  |  | [ ]  Phone: [ ]  Personal: [ ]  Mail: [ ]  Email: [ ]  Other:  |

 List additional attempts on a separate sheet of paper and attach *(please print legibly or type)*

**[ ]** Whether or not Lorain County Children Services (LCCS) was contacted upon failure of the

 Parent/Guardian/Custodian or Designee to respond to the meaningful, good faith attempts [ ]  Yes Date: [ ]  No

**[ ]** A full complete dated copy of the “Absence Intervention Plan” and any updates

**[ ]** By whom and when the written “Absence Intervention Plan” was delivered to the Parent/ Guardian/

 Custodian/Designee Date:  [ ]  Personal [ ]  Mail [ ]  Email [ ]  Other:

 Name: Title/Position:  Address:  Phone:

 *(please print)*

 **[ ]** Narrative detailing any participation and/or progress that was made by the student prior to the complaint

 being filed

 **[ ]** Attendance Officer, who is a member of the “Absence Intervention Team”, and any other Individual(s) to be

 notified and present for all court appearances *(please print legibly or type)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title/Position Held | Address | Phone Number |
|       |  |  |  |
|       | **Custodian of Absente Records****(REQUIRED)** |  |  |

 List additional team members on a separate sheet of paper and attach

Filing defective complaints, failing to provide complete information and/or failing to comply with the Court’s Local Rule can result in the complaint(s) being dismissed and/or unsuccessfully prosecuted.