



Truancy Referral Form for AAL Legal Representation

Please email completed form to scott@crossroadsfloridakids.org

Date:		Date Sheltered:
Name of Prospective Client:		
Gender:	Date of Birth:	Phone #:
Case Number(s) (Delinquency & Dependency):		
Current Residence (Name/Address):		
Next Hearing Date:		
<u>Parties/Participants:</u>		
Name of Father:		
Phone:	Email:	
Name of Mother:		
Phone:	Email:	
Name of School District Attorney:		
Phone:	Email:	
Name of Caregiver (other than Parent):		
Phone:	Email:	
Name(s) of Other Parties:		
Phone:	Email:	

LEGAL NEEDS/SPECIAL CIRCUMSTANCES (Check any that apply)

- | | |
|--|---|
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Intellectual Disability/Autism |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Human Trafficking |
| <input type="checkbox"/> Counseling Needs | <input type="checkbox"/> Transportation Needs |
| <input type="checkbox"/> Medical Benefits/Needs | |
| <input type="checkbox"/> Additional Information: _____ | |

Circuit Court Judge, Truancy
Thirteenth Judicial Circuit

Note: Referral information required for conflict checking purposes