

STATE OF MICHIGAN 22ND JUDICIAL CIRCUIT COURT JUVENILE DIVISION WASHTENAW COUNTY	PETITION Delinquency Proceedings School Truancy/Misconduct	Case No.: Petition No.: Date:
--	---	--

2270 Platt Road, Ann Arbor, MI 48104 (734) 222-6900 (phone) (734) 222-6915 (fax)

1. In the matter of (name and D.O.B.): _____
2. The above-named child come within the provisions of MCL 712A.2 for the following reasons:
 Count I: The child willfully and repeatedly absented him/herself without legitimate excuse from _____ (school) _____ (address) by failing to attend on ****see attached attendance report** (dates).
 Count II: The child repeatedly violated school rules and regulations by ****see attached incident reports**.
3. Mandatory pre-requisites:
 A) On _____, 20____, _____ (school official) _____ (position), met or attended a meeting scheduled with said child and his/her parent(s), _____, concerning the educational problems.
 B) The school referred the family to the following educational counseling _____ on _____. The school referred the family to the following alternative agency _____ on _____.
 C) Since the meeting and referrals, the child's school truancy and/or misconduct continues. Child is therefore subject to this proceeding pursuant to MCL 712A.2 (a)(4).
4. Witness name(s), address(es), home and work telephone no(s).

- Member of or eligible for membership in American Indian Tribe or Band, TRIBE: _____
5. An action within the jurisdiction of the Juvenile Division of Circuit Court involving the family or family members of the minor has been previously filed in _____ Court, case number _____, was assigned to Judge _____, and remains is no longer pending.
 6. The above named minor is resident of _____ County, and resides in the care and custody of: _____.
 7. The names and addresses of the parents, guardians, custodians or nearest known relative are as follows:

Name	Address	Home Phone	Work Phone
Father (Putative)			
Mother			
Guardian/Custodian/Nearest Releative			

8. **I request** the court: a. Review the information and make an appropriate decision **OR** b. Authorize this petition and take temporary custody of the minor.
 I declare that the statements above are true to the best of my information, knowledge, and belief.

 Petitioner Signature Date Agency/Address

 Print or Type Name City, State, and Zip

9. A Preliminary Inquiry has been conducted and the filing of this petition is is not authorized.

Judge / Referee: _____ Bar Number: _____ Date: _____

JUVENILE IDENTIFICATION INFORMATION – TO BE COMPLETED BY PETITIONER

Sex:	Eye Color:	Place of Birth:
DOB:	Hair Color:	School District:
Height:	Race:	City/Township of Residence:
Weight:	Identifying Marks:	