CAUSE NO(S):_____ STUDENT:_____

Justice of the Peace, Precinct 3 Place 2, Collin County, Texas SCHOOL: _____

JUVENILE COURT ORDER for TRUANCY

1. _____, a Minor/Juvenile/Child, in the above-styled and numbered cause(s) and I/we

_____, the Parent/Guardian of said Minor/Juvenile/Child, **AGREE TO**

COMPLY with the requirements set forth herein and **ENTER** into this Court Order with Judge John Payton, Precinct 3,

Place 2, Collin County, Texas for a period of ____6_____months from the date entered herein.

REQUIREMENTS of this Juvenile Court Order for Truancy are as follows:

1. _____ **Dr. Note or School Nurse Verification** required for **ALL** absences. PARENT'S NOTE **NOT** ACCEPTED.
2. Student must arrive at school by_____
3. Parent / Guardian must walk student into _____
4. Parent / Guardian must walk student into _____
5. _____ No "off-campus" lunches. **Must sign in at the Beginning/Middle/End of lunch with HOUSE/SUB-SCHOOL**
6. _____ **FRIDAY ATTENDANCE VERIFICATION:** Student must: *1) **pick up Attendance Record at the end of the day each Friday; 2) take it home to parents/guardians for attendance verification;** 3) If is not brought home then contact school administrator the following school day; 4) Parent/Guardian will keep these Attendance Records together in a file and bring them to Court at the next scheduled Status Hearing.*
7. Student must get a Daily Homework and Attendance Sheet: 1) signed by ALL of his/her teachers; 2) discussed and signed by Parent/Guardian; and 3) return to _____

TUTORIAL as required: _____Math, _____English, _____Science,_____Social Studies, _____Other:_____

8. Saturday School/Friday Nite Live/After-Hours School_____
9. **CURFEWS:** Weekdays (Sun.-Thurs.)_____Weekends (Fri. – Sat.)_____
10. **CELL PHONE:** (Sun.-Thurs.)_____ (Fri. – Sat.)_____
11. **DRIVER'S LICENSE PRIVILEGES:** _____
12. **JOB** and /or Part-time work privilege: _____Proof by:_____
13. **COMMUNITY SERVICE:** _____ **hours required;** contact "Constable Pct. 3 of Collin County" at 972-881-3070 ask for Lonnie Simmons. Acknowledgment:_____ Parent:_____
    WEBSITE: www.collincountytx.gov/justices_peace/jp3_2/jp3_2.jsp E-MAIL: pwilson@co.collin.tx.us
14. **DRUG TESTING:**
    - **a)** _____Collin County Substance Abuse, 824 N. McDonald, McKinney; 972-424-1460 x5570—**survey/lab test**
    - b) _____Youth Intervention Services of Plano, 2600 Ave. K, Ste. #140, Plano; 972-578-2802
    - c) _____ St. Joseph's Adolescent & Family Services, 2000 Ave. G, Ste. #806, Plano; 214-631-8336
    - **d)** _____Alliance Drug Testing, 2600 Ave. K, Ste.#224, Plano; 972-578-5959—**same day appointments**
    - e) _____Sur-Scan, 2300 Ave. G, Ste. #1102, Plano; 972-633-1388—**same day appointments**
    - f) _____Other:_____
16. **BOOT CAMP** (Concerned Citizens of Dallas) 2036 Kraft St., Dallas 75212; Dir. Kenneth Grant; **214-951-9331**
    Week-end Boot Camp Hours: Saturday 7:00 am to 4:00 pm and Sunday 1:00 pm to 5:00 pm; (No over-night stays)
    Cost: $100 for first weekend and FREE thereafter for each consecutive weekend, if needed.
    _____number of weekends required.
    _____ every weekend till the end of the semester for complete non-compliance.
    _____ every weekend until a senior graduates.
17. **COUNSELING:**
    - a) _____Attend C.I.T.Y. House Counseling; 1947 Ave K Ste. 100; call for appointment at **972-424-4626**
    - **b)** _____Attend the "Choices Program," a free 6-weeks program for parents/guardians and students (13-17 yrs.) that addresses behavior, anger management, and relationship issues of adolescents. **The Family Outreach Center is located at 1947 Ave. K, Ste. #100, Plano. Call 972-424-1626 for program scheduling.**
    - c) _____Other:_____

18. **PARENT EDUCATION**:

a) _____Practical Parent Education; 1517 Ave. H (Cox Bldg.) Plano; 469-752-6180; www.practicalparent.org
Attend Parenting Education Classes: English_____ Spanish_____ Other_____

b) _____Parenting with Love and Limits; Dir. Pam Simmons**; 214-629-6133** or **214-674-8759**
Based on Dr. Sells' book ***Parenting Your Out-of-Control Teenager***, Workshops, parenting seminars, books

19. Enter the **G.E.D. PROGRAM** (General Equivalency Diploma)

_____Take G.E.D. Pre-test. Contact Josie Ryan, G.E.D. Counselor at Special Programs at **469-752-6915** for pre-testing appointment.
Pre-test must be completed by _____.
Student must attend remedial classes until proficient in passing all portions of G.E.D. Test.

_____ Complete the G.E.D. Examination by _____, 20_____.

_____Provide a copy of the G.E.D. Certificate to the Court by _____, 20_____.

20. **OTHER**: _____ _DATE:_____

_____DATE:_____

_____DATE:_____

_____DATE:_____

21. **IT IS FURTHER ORDERED** that the Defendant(s) pay **COURT COSTS** as follows:

Mother/Guardian:_____ $_____Court Cost due by_____

Father/Guardian:_____ $_____Court Cost due by_____

Student: _____ $_____Court Cost due by_____

ENTERED this the_____11th_____day of____January_____,20__05_____,

_____
JUDGE JOHN E. PAYTON, PRESIDING

ACKNOWLEDGEMENT

I/We have read this **ORDER** or have had read to me/us and **AGREE** to the requirements outlined herein.
FURTHER, I/WE AGREE TO RETURN to the Court located at ***920 E. Park Blvd., Ste. #210, Plano, Texas 75074***, for a **STATUS HEARING**
on_____Feb. 17th _____, 20__05_____, at____10:30_____o'clock___a.___.M., to determine **COMPLIANCE** with the terms and requirements of the Court Order.

NOTE: Contact the Court for any questions or information by **PHONE: 972-881-3081** and/or **FAX: 972-881-3098**.

_____ D.O.B._____ Driver's License #_____
Student/Minor Child and/or Social Security #

_____ D.O.B._____ Driver's License #_____
Mother/Guardian

_____ D.O.B._____ Driver's License #_____
Father/Guardian