

DATE: _____ TIME: _____ GRID: _____ REPORT #: _____

PINELLAS COUNTY SCHOOLS
TRUANCY INTERDICTION PROGRAM (TIP)
LAW ENFORCEMENT OFFICER TRUANCY INTAKE FORM
Section 1 - to be completed by Law Enforcement Officer

Name (L, F, M): _____ DOB: ____/____/20 ____
AKA: _____ Sex: _____ Race: _____
Description: Hair _____ Eyes _____ Height _____ Weight _____
Scars, marks, tattoos: _____
Address: _____ Phone: _____
City and state: _____ Zip: _____
School: _____ Grade: _____
Employment: _____
DL #: _____ State: _____

CJIS / NCIC check results: 1) No violation or pick-up (____) 2) Pick-up order/warrant found (____)
3) SHOCAP (____) 4) Community control or aftercare violation (____) 5) Runaway (____)
Arrest: 1) No (____) 2) Yes (____) Charge: _____
Any suspected law violations: 1) No (____) 2) Yes (____) What? _____
Location where truant was contacted: _____
Time of contact: _____ hours.
Who was the truant in the company of at the time of contact (list names): _____

Gang involvement: 1) None (____) 2) Suspected (____) 3) Admitted (____)
Name of gang or cult: _____

Mother _____ Father _____
Address _____
Phone # _____
Work # _____
Cell phone or pager # _____
Employment _____
Step-parent or guardian _____

Parent(s)/guardians(s) contacted by Law Enforcement Officer: 1) No (____) 2) Yes (____)
Time of contact with Parent(s)/guardians(s): _____ hours.
If no contact, why? _____
Law Enforcement Officer delivering truant child: _____ ID # _____
Agency: _____

COMMENTS: