		0.00
CHILD'S ATTORNEY (Name and Address):		FOR COURT USE ONLY
TELEPHONE NO. (Optional):	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	TAX NO. (Optional).	
CHILD'S NAME:		
SUPERIOR COURT OF CALIFORNIA, COUN	NTY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
LOCAL EDUCATIONAL A	AGENCY RESPONSE TO JV-530	CASE NUMBER:
		IV-530 with the records requested in that form for
conducting a truancy mediation program o	r presenting evidence in a truancy petition	on.
Child's name:		
1. Child's Harrie.		
2. Child's home address:		
3. Child's school:		
4. Child's school address:		
5. School personnel contact (name, title, a	and telephone no.):	
6. The records, or copies of records, attacl	hed include (check all that apply):	
a. Attendance records		
b. Documentation of excused ab		
c Other documents relating to tr	ne truancy of the child (specify):	
Date:		
	•	
(TYPE OR PRINT NAME)		(SIGNATURE)
		/TITLE)
		(TITLE)