

OFFICE OF BLUE EARTH COUNTY ATTORNEY
PATRICK R. McDERMOTT
 COUNTY ATTORNEY



**BLUE EARTH COUNTY TIP MEETING
 REFERRAL FORM**

Student Name: _____ DOB: _____ Age: _____ M F

School: _____ Grade: _____

Mother/Guardian: _____ Custodial Parent: Yes No

Address: _____

Telephone: _____ Email: _____

Father/Guardian: _____ Custodial Parent: Y N

Address: _____

Telephone: _____ Email: _____

Primary Language at Home: _____

Hearing Impaired Interpreters Required: Child Parent(s)/Guardian(s)

REFERRALS WILL NOT BE PROCESSED WITHOUT A COMPLETE ADDRESS

Please attach student's attendance record with the student identification number redacted.

School Referring and Address	Telephone Number	Contact Person	Meeting Date/Time/Location

SUBMIT COMPLETED FORM AND ATTENDANCE RECORD TO:

Blue Earth County Attorney's Office
 Email: attorney.truancy@blueearthcountymn.gov

If you have any questions or concerns, please contact the Blue Earth County Attorney's Office at 507-304-4600.