

JUV-2 Dependency Complaint

**DEPENDENCY
COMPLAINT
IN THE JUVENILE COURT OF
_____ COUNTY, GEORGIA**

File #:

Name of physical custodian of alleged dependent child(ren) (Last, F, M):		Age: _____ DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____ Bus Phone: _____
Sex: _____	Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian:	
(Street)	(City)	(County) (State) (Zip)
Name of other custodian of the alleged dependent child(ren), (Last, F, M):		Age: _____ DOB: _____
Race: _____	Relationship to Child(ren): _____	Res Phone: _____ Bus Phone: _____
Sex: _____	Mother of Child(ren):	
		Res Phone: _____ Bus Phone: _____
(Include Mother's Maiden Name in Parentheses)		
Mother's Address:		
(Street)	(City)	(County) (State) (Zip)
Legal Father's Name:		Res Phone: _____ Bus Phone: _____
Legal Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____ Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Putative Father's Name:		Res Phone: _____ Bus Phone: _____
Putative Father's Address:		
(Street)	(City)	(County) (State) (Zip)
Each child's name, age, date and place of birth, and father's name:		

Taken Into Custody: Yes () No ()		
By Whom:		
(Name)	(Agency)	
Placement of Dependent Child:		Date: _____ Time: _____

Person Notified: _____	Date: _____
By: _____	Via: _____
Time: _____	Time: _____
Detained: Yes () No ()	Place _____
Authorized By: _____	Detained: _____
Date: _____	Date: _____
Time: _____	Time: _____
Released To: _____	Date: _____
Relation: _____	Time: _____

1. State the facts of the dependency: _____

2. If the child(ren) are not legal residents, how did they get into the U.S. and in your custody?

3. If the legal parent(s') whereabouts are unknown, state all efforts made in your diligent search to find them and/or the name and address of any known adult relative nearest the court.

4. Is the child(ren) subject to the Indian Child Welfare Act? Yes/No: _____
5. Is any information required by O.C.G.A. § 15-11-152 unknown? Yes/No: _____
6. Are the parents capable of paying child support and should be ordered to do so? Yes/No: _____

Investigating Officer:	Agency: P.D. Report #:	Phone #:
Complainant's Name: _____	Complainant's Address: _____ _____	Res Phone: _____
Signature: _____	Date: _____	Bus Phone: _____