

**DEPENDENCY
COMPLAINT
IN THE JUVENILE COURT OF
CHATHAM 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: _____		Res Phone: _____ Bus Phone: _____
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: _____

