

**DELINQUENCY  
COMPLAINT  
IN THE JUVENILE COURT OF  
CHATHAM COUNTY, GEORGIA**

Complaint # \_\_\_\_\_ File #: \_\_\_\_\_

Name: (Last, F, M) \_\_\_\_\_ Age: \_\_\_\_\_

AKA: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Lives \_\_\_\_\_ Phone Res: \_\_\_\_\_

Sex: \_\_\_\_\_ With: \_\_\_\_\_ Phone Bus: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_ SS#: \_\_\_\_\_

Child's

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Child's

Place of Birth: \_\_\_\_\_  
(City) (County) (State)

Does the child receive special education services? If so, explain.:

Mother's Name: \_\_\_\_\_ Phone Res: \_\_\_\_\_

Phone Bus: \_\_\_\_\_

(Include Mother's Maiden Name in Parentheses)

Mother's

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Father's Name: \_\_\_\_\_ Phone Res: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Phone Bus: \_\_\_\_\_

Father's

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Legal Custodian: \_\_\_\_\_ Phone Res: \_\_\_\_\_

Custodian's Address: \_\_\_\_\_ Phone Bus: \_\_\_\_\_

Custodian's

Address: \_\_\_\_\_  
(Street) (City) (County) (State) (Zip)

Complaint: \_\_\_\_\_ (Code) (Misd./Fel.) (Date of Offense)

Complaint: \_\_\_\_\_ (Code) (Misd./Fel.) (Date of Offense)

Complaint: \_\_\_\_\_ (Code) (Misd./Fel.) (Date of Offense)

Taken Into Custody: Yes ( ) No ( )

By Whom: \_\_\_\_\_ (Name) \_\_\_\_\_ (Agency)

Placement of Dependent Child: \_\_\_\_\_ Date: \_\_\_\_\_

Person Notified: \_\_\_\_\_ Time: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Detained: Yes ( ) No ( ) Via: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Place \_\_\_\_\_ Date: \_\_\_\_\_

Released To: \_\_\_\_\_ Detained: \_\_\_\_\_ Time: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

COMPLAINT # \_\_\_\_\_ FILE # \_\_\_\_\_

Victim1's Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Victim2's Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Victim3's Name: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Co-Perpetrators: \_\_\_\_\_  
Co-Perpetrators: \_\_\_\_\_  
Co-Perpetrators: \_\_\_\_\_

Give Complete Details of Offense(s) or Complaint and Apprehension including Venue (child legally resides in county; alleged delinquent act(s) occurred in county):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Witness(es)- Please List Name, Age, Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Description of Evidence and Chain of Custody: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Investigating Officer:	Agency: P.D. Report #:	Phone #:
Complainant's Name: _____	Complainant's Address: _____	
Signature: _____	Date: _____	Phone: ( ) _____ Cell: ( ) _____