

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

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

Name of alleged dependent child: (Last, F.M.) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of physical custodian of alleged dependent child(ren) (Last, F.M.) \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Phone Res: \_\_\_\_\_

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

Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian: \_\_\_\_\_

Name of other custodian of the alleged dependent child(ren), (Last, F, M): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Phone Res: \_\_\_\_\_

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

Mother of Child(ren): \_\_\_\_\_ Phone Res.: \_\_\_\_\_

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

(Include mother's maiden name in parentheses)

Mother's

Address:

(Street) (City) (County) (State) (Zip)

Legal Father's

Name:

Phone Res: \_\_\_\_\_

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

Legal Father's

Address:

(Street) (City) (County) (State) (Zip)

Putative Father's

Name:

Phone Res: \_\_\_\_\_

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

Putative Father's

Address:

(Street) (City) (County) (State) (Zip)

Putative Father's

Name:

Phone Res: \_\_\_\_\_

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

Putative Father's

Address:

(Street) (City) (County) (State) (Zip)

Sibling's name, age, date and place of birth, and father's name:

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Taken Into Custody: Yes ( ) No ( )

By Whom:

(Name)

(Agency)

Placement of

Dependent Child:

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

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

Person Notified:

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

By:

Via:

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

Detained: Yes ( ) No ( )

Place

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

Authorized By:

Detained:

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

Released To:

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

Relation:

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

1. State the facts of the Dependency including venue (county where child legally resides or where dependency allegations are alleged): \_\_\_\_\_  
\_\_\_\_\_  
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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. Whether any information required by OCGA §15-11-152 is unknown? Yes/No: \_\_\_\_\_

6. The parents are capable of paying child support and should be ordered to do so. Yes/No: \_\_\_\_\_

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