

**CHILDREN IN NEED OF SERVICES (CHINS)
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)

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

Mother's

Name:

Phone Res: _____

Phone Bus: _____

(include Mother's Maiden Name in Parenthesis)

Mother's

Address:

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

Father's

Name:

Phone Res: _____

Phone Bus: _____

Father's

Address:

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

Legal

Custodian:

Custodian's

Address:

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

Phone Res: _____

Phone Bus: _____

Other household members and their DOB. If none of the preceding applies, adult relative nearest the Court.: _____

Taken into Custody: Yes () No ()

By Whom:

(Name)

(Agency)

Placement of

Dependent Child:

Person Notified:

By:

Detained: Yes () No ()

Authorized By:

Released To:

Relation:

Via:

Place

Detained:

Date: _____

Time: _____

Date: _____

Time: _____

Date: _____

Time: _____

Date: _____

Time: _____

CHINS TYPE: () Truant () Runaway [w/o just cause and w/o consent & absent for 24+hours]
() Habitually disobedient of reasonable/lawful commands of legal custodian and ungovernable OR
places him/herself or others in unsafe circumstances () Wanders/loiters 12AM-5AM () Disobeys
terms of supervision in court order () Patronizes any bar where alcoholic beverages are being sold
unaccompanied by legal custodian OR possesses alcoholic beverages () Status Offense

1. State the facts supporting this court’s jurisdiction including venue (where acts took place or in county where child legally resides):

2. State the reason why this complaint is in the best interest of the child: _____

3. All available and appropriate attempts to encourage voluntary use of community services by such child’s family have been exhausted? (Yes/No): _____

4. State the name of any public institution or agency having the responsibility or ability to supply services alleged to be needed by said child: _____

5. If the complainant is a School District, have you sought to resolve the problem through available educational approaches? (Yes/No/NA): _____

6. If the complainant is a School District, have you sought to engage the parent, guardian or legal custodian of said child in solving the problem, but such person has been unwilling or unable to do so, that the problem remains, and court intervention is needed? (Yes/No/NA): _____

7. If the complainant is a School District, has a determination been made that said child is eligible or suspected to be eligible under the federal Individuals with Disabilities Education Act or section 504 of the federal Rehabilitation Act of 1973? (Yes/No/NA): _____

8. If the complainant is a School District, have you reviewed the appropriateness of said child’s Individual Education Plan (IEP) and placement and made modification where appropriate? (Yes/No/NA): _____

9. Is any information required by OCGA § 15-11-390(b) unknown? If so, what?

Investigating
Officer:

Agency:
P.D. Report #:

Phone #:

Complainant's
Name: _____

Complainant's
Address: _____

Signature:

Date:

Phone: ()

Cell: ()