

**IN THE JUVENILE COURT OF
FULTON COUNTY, GEORGIA**

**CHILDREN IN NEED OF SERVICES (CHINS)
COMPLAINT**

Case #:

File #:

Child's Name: (Last, First, M.) _____		Age: _____	
AKA: _____		DOB: _____	
Race: _____	Lives _____	Res Phone: _____	
Sex: _____	With: _____	Bus Phone: _____	
School: _____			
Grade: _____			
Child's Address:			
(Street)	(City)	(County)	(State) (Zip)
Does the child receive special education services? If so, explain:			
Mother's Name: _____		Res Phone: _____	
		Bus Phone: _____	
(Include Mother's Maiden Name in Parentheses)			
Mother's Address:			
(Street)	(City)	(County)	(State) (Zip)
Father's Name: _____		Res Phone: _____	
		Bus Phone: _____	
Father's Address:			
(Street)	(City)	(County)	(State) (Zip)
Legal Custodian: _____		Res Phone: _____	
		Bus Phone: _____	
Custodian's Address:			
(Street)	(City)	(County)	(State) (Zip)
Other household members and their DOB. If none of the preceding applies, adult relative nearest the Court:			
COMPLAINT:		Code: OCGA 15-11-2(11)(A)()	
		Date of Offense: / /	
Taken into Custody: Yes () No (X)		Date: _____	
By Whom: _____		Time: _____	
(Name)	(Agency)	Date: _____	
Placement of Dependent Child: _____		Time: _____	
Person Notified: _____		Date: _____	
By: _____	Via: _____	Time: _____	

CASE # _____

FILE # _____

Detained: Yes () No (X) Place Detained: _____	Date: _____
Authorized By: _____	Time: _____
Released To: _____	Date: _____
Relation: _____	Time: _____

1. State the facts supporting this court’s jurisdiction and venue are proper (Check All That Apply):

- Child resides in Fulton County
- Fulton County DFCS is the Child’s Legal Custodian
- Child is alleged to be a child in need of services, to wit: _____
 - Runaway Truancy Status Offense
 - Possession of alcoholic beverage Curfew Violation, Wander, or Loitering between 12:00 midnight and 5:00 a.m.

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

The child _____ left home / school without permission on _____ / _____ / _____ and has failed to return home. Said child remains away without permission and his/her current whereabouts are unknown.

Other: _____

- 3. Have all available and appropriate attempts to encourage voluntary use of community services by the child’s family 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 the 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 the 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 the 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 O.C.G.A. § 15-11-390(b) unknown? **Yes / No** If so, what?
(Check All That Apply)
 - The name, date of birth, and residence address of the child
 - The facts alleging why the court has jurisdiction of the complaint;
 - The reasons why the complaint is in the best interests of the child and the public;
 - The names and residence addresses of the parent, guardian, or legal custodian
 - The name of any public institution or agency having the responsibility or ability to supply services to child.

Complainant’s Name: _____ Signature: _____ Date: _____	Complainant’s Address: _____ _____ Res Phone: _____ Bus Phone: _____
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The undersigned, being duly sworn upon her oath, deposes and states that the foregoing is true and correct, complete and legible to the best of his/her knowledge and belief.

This _____ day of _____, 2021

 Deputy Clerk / Notary Public
 My Commission Expires on: _____

AFFIDAVIT

Case #: _____

File #: _____

Child's Name: (Last, First, M.) _____	Age: _____
	DOB: _____

Complainant's Name: _____ Signature: _____ Date: _____	Complainant's Address: _____ _____ Res Phone: _____ Bus Phone: _____
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The undersigned, being duly sworn upon her oath, deposes and states that the foregoing is true and correct, complete and legible to the best of his/her knowledge and belief.

This _____ day of _____, 2021

Deputy Clerk / Notary Public

My Commission Expires on: _____