

**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: RUNAWAY Code: OCGA 15-11-381 (4) 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: _____	

