

**JUV-2 Dependency Complaint**

**DEPENDENCY  
COMPLAINT  
IN THE JUVENILE COURT OF  
\_\_\_\_\_ COUNTY, GEORGIA**

File #:

|                                                                                                           |                                      |                              |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------|
| Name of physical custodian of alleged dependent child(ren)<br>(Last, F, M):                               |                                      | Age: _____<br>DOB: _____     |
| Race: _____                                                                                               | Relationship to<br>Child(ren): _____ | Phone: _____<br>Email: _____ |
| Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian: |                                      |                              |
| (Street)                                                                                                  | (City)                               | (County) (State) (Zip)       |
| Name of other custodian of the alleged dependent child(ren), (Last, F, M):                                |                                      | Age: _____<br>DOB: _____     |
| Race: _____                                                                                               | Relationship to<br>Child(ren): _____ | Phone: _____<br>Email: _____ |
| Sex: _____                                                                                                |                                      | Phone: _____<br>Email: _____ |
| Mother of<br>Child(ren):                                                                                  |                                      | Phone: _____<br>Email: _____ |
| (Include Mother's Maiden Name in Parentheses)                                                             |                                      |                              |
| Mother's<br>Address:                                                                                      |                                      |                              |
| (Street)                                                                                                  | (City)                               | (County) (State) (Zip)       |
| Legal Father's<br>Name:                                                                                   |                                      | Phone: _____<br>Email: _____ |
| Legal Father's<br>Address:                                                                                |                                      |                              |
| (Street)                                                                                                  | (City)                               | (County) (State) (Zip)       |
| Putative Father's<br>Name:                                                                                |                                      | Phone: _____<br>Email: _____ |
| Putative Father's<br>Address:                                                                             |                                      |                              |
| (Street)                                                                                                  | (City)                               | (County) (State) (Zip)       |
| Putative Father's<br>Name:                                                                                |                                      | Phone: _____<br>Email: _____ |
| Putative Father's<br>Address:                                                                             |                                      |                              |
| (Street)                                                                                                  | (City)                               | (County) (State) (Zip)       |
| Each child's name, age, date and place of birth, and father's name:                                       |                                      |                              |
| _____                                                                                                     |                                      |                              |
| _____                                                                                                     |                                      |                              |
| Taken Into Custody: Yes ( ) No ( )                                                                        |                                      |                              |
| By Whom:                                                                                                  |                                      |                              |
| (Name)                                                                                                    |                                      | (Agency)                     |
| Placement of<br>Dependent Child:                                                                          |                                      | Date: _____<br>Time: _____   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------|
| Person Notified: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Date: _____ |
| By: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Via: _____                                                            | Time: _____ |
| Detained: Yes ( ) No ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Place _____                                                           | Date: _____ |
| Authorized By: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Detained: _____                                                       | Time: _____ |
| Released To: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | Date: _____ |
| Relation: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Time: _____ |
| <p>1. State the facts of the dependency: _____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____</p> <p>2. If the child(ren) are not legal residents, how did they get into the U.S. and in your custody?<br/>_____<br/>_____</p> <p>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.<br/>_____<br/>_____<br/>_____<br/>_____</p> <p>4. Is the child(ren) subject to the Indian Child Welfare Act? Yes/No: _____</p> <p>5. Is any information required by O.C.G.A. § 15-11-152 unknown? Yes/No: _____</p> <p>6. Are the parents capable of paying child support and should be ordered to do so? Yes/No: _____</p> |                                                                       |             |
| Investigating Officer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Agency:<br>P.D. Report #:                                             | Phone #:    |
| Complainant's Name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Complainant's Address: _____<br>_____<br>Phone: _____<br>Email: _____ |             |
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date: _____                                                           |             |