

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

File No. _____

Name: (Last, F, M) _____ Age: _____

AKA: _____ DOB: _____

Sex: _____ Lives With: _____ Phone: _____

Email: _____ School: _____

Grade: _____ SS# _____

Child's Address: _____
(Street) (City) (County) (State) (Zip)

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

Mother's Name: _____ Email Address: _____
(include mother's name in parentheses)

Mother's Address: _____
(Street) (City) (County) (State) (Zip)

Father's Name: _____ Email Address: _____

Father's Address: _____

Legal Custodian: _____ Email Address: _____

Custodian's Address: _____
(Street) (City) (County) (State) (Zip)

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

Taken into Custody ____ Yes ____ No By whom: _____
(Name) (Agency)

Placement of Dependent Child: _____ Date: _____ Time: _____

Person Notified : _____ Date: _____ Time: _____

Detained: ____ Yes ____ No Place Detained: _____ Date: _____

Authorized by: _____ Time: _____

Released to: _____ Date: _____ Time: _____

Relation: _____

1. State the facts supporting this court's jurisdiction: _____

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

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
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 ____ N/A
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 ____ N/A
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 modifications where appropriate? ____ Yes ____ No ____ N/A
9. Is any information required by O.C.G.A. § 15-11-390(b) unknown, including aggravating circumstances? If so, what? _____

Investigating Officer: _____ Agency: _____

P.D. Report #: _____ Phone: _____

Complainant's Name: _____ Signature: _____ Date: _____

Complainant's Address: _____

Phone: _____ Email Address: _____