

**DEPENDENCY COMPLAINT  
IN THE JUVENILE COURT OF  
CHATHAM COUNTY, GEORGIA**

Complaint # \_\_\_\_\_

File #: \_\_\_\_\_

Name of alleged dependent child: (Last, F.M.)	DOB: _____	Age: _____	
	Race: _____	Sex: _____	
Name of physical custodian of alleged dependent child(ren) (Last, F.M.)	DOB: _____	Age: _____	
	Race: _____	Sex: _____	
Relationship to Child(ren): _____	Phone Res: _____		
	Phone Bus: _____		
Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian:			
Name of other custodian of the alleged dependent child(ren), (Last, F, M):	DOB: _____	Age: _____	
	Race: _____	Sex: _____	
Relationship to Child(ren): _____	Phone Res: _____		
	Phone Bus: _____		
Mother of Child(ren):	Phone Res.: _____		
	Phone Bus: _____		
(Include mother's maiden name in parentheses)			
Mother's Address:			
(Street)	(City)	(County)	(State) (Zip)
Legal Father's Name:		Phone Res: _____	Phone Bus: _____
Legal Father's Address:			
(Street)	(City)	(County)	(State) (Zip)
Putative Father's Name:		Phone Res: _____	Phone Bus: _____
Putative Father's Address:			
(Street)	(City)	(County)	(State) (Zip)
Putative Father's Name:		Phone Res: _____	Phone Bus: _____
Putative Father's Address:			
(Street)	(City)	(County)	(State) (Zip)
Sibling's name, age, date and place of birth, and father's name:			
Taken Into Custody: Yes ( ) No ( )			
By Whom:			
(Name)	(Agency)	Date: _____	
Placement of Dependent Child:		Time: _____	
Person Notified:		Date: _____	
By:	Via:	Time: _____	
Detained: Yes ( ) No ( )	Place	Date: _____	
Authorized By:	Detained:	Time: _____	
Released To:		Date: _____	
Relation:		Time: _____	

