

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

DEPENDENCY COMPLAINT

CASE #:

FILE #:

Child's Name: (F, M, Last) _____ Age: _____				
Race: _____		Sex: _____		DOB: _____
Name of Physical Custodian (F, M, Last): _____				Age: _____ DOB: _____
Race: _____		Relationship to Sex: _____ Children: _____		Res Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		
Name of Other Custodian of alleged dependent children: (F, M, Last) _____				Age: _____ DOB: _____
Race: _____		Relationship to Sex: _____ Child(ren): _____		Res Phone: _____ Bus Phone: _____
Mother of Sex: _____		Child(ren): _____		Res Phone: _____ Bus Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		
Mother of Children:				
Name: (F, M, Last) _____				(Maiden) _____
Race: _____		Sex: _____		Res Phone: _____
Sex: _____		Child(ren): _____		Bus Phone: _____
Mother of				Res Phone: _____ Bus Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		
Legal Father's Name: (F, M, Last) _____				Res Phone: _____ Bus Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		
Putative Father's Name: _____				Res Phone: _____ Bus Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		
Putative Father's Name: _____				Res Phone: _____ Bus Phone: _____
Address: _____				
(Street)		(City)		(County)
(State)		(Zip)		

CASE#

FILE #

Additional Child's name (F, M, Last) _____
 Age _____ DOB: _____ Place of Birth: _____
 Father's name (F, M, Last): _____

CASE#

FILE #

Additional Child's name (F, M, Last) _____
 Age _____ DOB: _____ Place of Birth: _____
 Father's name (F, M, Last): _____

CASE#

FILE #

Additional Child's name (F, M, Last) _____
 Age _____ DOB: _____ Place of Birth: _____
 Father's name (F, M, Last): _____

CASE#

FILE #

Additional Child's name (F, M, Last) _____
 Age _____ DOB: _____ Place of Birth: _____
 Father's name (F, M, Last): _____

Taken Into Custody: Yes () No ()

By Whom: _____
 (Name) (Agency)

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

Person Notified: _____
 Date: _____
 By: _____ Via: _____ Time: _____

Detained: Yes () No () Place _____ Date: _____
 Authorized By: _____ Detained: _____ Time: _____

Released To: _____ Date: _____
 Relation: _____ Time: _____

1. State the facts of the Dependency: _____

2. 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.

3. Is the child(ren) subject to the Indian Child Welfare Act? Yes/No: _____

4. Is any information required by O.C.G.A. §15-11-152 unknown? Yes() No()
 () The name, date of birth, or residence address of the child(ren);
 () The name and residence address of the parent, guardian, or legal custodian of the child(ren);
 () Whether the child is in protective custody.
 () If in protective custody, the place of his or her foster care and the time such child(ren) was taken into protective custody;

5. Where is the child currently residing? _____

1. Does the child receive special education services? Yes() No() If Yes, explain:

Investigating Agency:
 Officer: _____ P.D. Report #: _____ Phone #: _____

Complainant's Name: _____	Complainant's Address: _____ _____
Signature: _____	Res Phone: _____ Bus Phone: _____
Date: _____	

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: _____