## **DEPENDENCY COMPLAINT**

## IN THE JUVENILE COURT OF TIFT COUNTY, GEORGIA

Complaint #\_\_\_\_\_File #:

Name of alleged dependent child: (Last, F.)	M.)		Age:			
		Race:	Sex:			
Name of physical custodian of alleged dependent child(ren) (Last, F.M.)			Age:			
			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 depo	endent child(ren), (Last, F	F, M): DOB: _	Age:			
		Race:	Sex:			
Relationship to Child(ren):		Phone R	es:			
. , , ,		Phone B	us:			
Mother of Child(ren):			es.:			
ivionici of child(len).			us:			
(Include mother	r's maiden name in parenthe		45.			
Mother's	is marden name in parentine	303)				
Address:						
(Street) (City)	(County)	(State)	(Zip)			
Legal Father's	(2000)	Phone Res:	· • ·			
Name:		Phone Bus:				
Legal Father's						
Address:						
(Street) (City)	(County)	(State)	(Zip)			
Putative Father's	(2000)	Phone Res:				
Name:		Phone Bus:				
Putative Father's						
Address:						
(Street) (City)	(County)	(State)	(Zip)			
Putative Father's	<b>, ,</b> ,	Phone Res:				
Name:		Phone Bus:				
Putative Father's						
Address:						
(Street) (City)	(County)	(State)	(Zip)			
Sibling's name, age, date and place of birth		, ,	1,			
Taken Into Custody: Yes ( ) No ( )						
By Whom:						
(Name) (Agency)						
Placement of			Date:			
Dependent Child:			Time:			
Person Notified:			Date:			
By:	Via:		Time:			
Detained: Yes ( ) No ( )	Place		Date:			
Authorized By:	Detained:		Time:			
Released To:			Date:			
Relation:			Time:			

1.			g venue (county where child legally resides or		
2.	If the child(ren) are not	legal residents, hov	v did they get into the U.S. and in your custody?		
3.	<b>O</b> 1		own state all efforts made in your diligent search to my known adult relative nearest the court?		
			Welfare Act? Yes/No:		
	5. Whether any information required by OCGA §15-11-152 is unknown? Yes/No:				
			oport and should be ordered to do so. Yes/No:		
Investi Officer	= =	Agency: P.D. Report	#: Phone #:		
Compl	ainant's		Complainant's		
Name:			Address:		
Signatı	ire:	Date:	Phone: ( ) Cell: ( )		