

**DEPENDENCY COMPLAINT  
IN THE JUVENILE COURT OF  
TIFT 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: _____	

[illegible]