

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

**DEPENDENCY COMPLAINT**

<b>Referral #:</b> _____	<b>File #:</b> _____
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<b>Full Name of Child:</b> _____			
<b>DOB:</b> _____	<b>Age:</b> _____	<b>Sex:</b> _____	<b>Race:</b> _____

<b>Name of physical custodian of alleged dependent child:</b> _____	<b>Age:</b> _____	
<b>Race:</b> _____	<b>DOB:</b> _____	
<b>Sex:</b> _____	<b>Relationship to Child:</b> _____	<b>Cell Phone:</b> _____
<b>Address where alleged dependent child resides, dependency occurred or is located without a custodian:</b> _____		<b>Bus. Phone:</b> _____

<b>Name of other custodian of alleged dependent child, if any:</b> _____	<b>Age:</b> _____	
<b>Race:</b> _____	<b>DOB:</b> _____	
<b>Sex:</b> _____	<b>Relationship to Child:</b> _____	<b>Cell Phone:</b> _____
		<b>Bus. Phone:</b> _____

<i>(Include Mother's Maiden Name in Parentheses, if any)</i>	
<b>Mother's Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
	<b>Bus. Phone:</b> _____

<b>Legal Father's Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
	<b>Bus. Phone:</b> _____

<b>Putative Father's Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
	<b>Bus. Phone:</b> _____

<b>Putative Father's Name:</b> _____	<b>DOB:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
	<b>Bus. Phone:</b> _____

<b>Other children in home: name, age, date and place of birth and fathers' name:</b>
_____
_____
_____

<b>Was the Child Removed from Custody of Parent or Legal Custodian by the Court: Yes ( ) No ( )</b>
<b>Date/Time of Removal, if any:</b> _____
<b>Who Authorized Removal of Child?</b> <input type="checkbox"/> <b>Judge</b> _____ <input type="checkbox"/> <b>Other:</b> _____
<small>(Name/Agency)</small>

<b>Placement of Dependent Child:</b> _____
<b>Relation to Child, if any:</b> _____

<b>Referral #:</b> _____	<b>File #:</b> _____
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<b>Person Notified:</b> _____	<b>By Whom:</b> _____
<b>Via:</b> _____	<b>Date:</b> _____
	<b>Time:</b> _____

<b>Detained: Yes</b> ( <input type="checkbox"/> ) <b>No</b> ( <input type="checkbox"/> )	<b>Place Detained:</b> _____	<b>Detain Date:</b> _____
<b>Authorized By:</b> _____		<b>Time:</b> _____
<b>Released To:</b> _____		<b>Release Date:</b> _____
<b>Relation:</b> _____		<b>Time:</b> _____

1. **State the facts of the dependency:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. If the child is not a legal resident, how did the child get into the U.S. and in your custody? \_\_\_\_\_  
\_\_\_\_\_
3. 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. \_\_\_\_\_  
\_\_\_\_\_
4. Is the child subject to the Indian Child Welfare Act? Yes (  ) No (  ) Unknown: (  )
5. Is any information required by O.C.G.A. §15-11-152 unknown? Yes (  ) No (  ) Unknown: (  )
6. Are the parents capable of paying child support and should be ordered to do so? Yes (  ) No (  )

<b>Investigating Officer:</b> _____	<b>Agency:</b> _____
<b>P.D. Report #:</b> _____	<b>Phone #:</b> _____

**I swear or affirm on oath that the information contained in this Complaint is true and correct to the best of my knowledge and belief:**

<b>Complainant's Name:</b> _____	<b>Cell Phone:</b> _____
<b>Address:</b> _____	<b>Bus. Phone:</b> _____
<b>Signature:</b> _____	<b>Date:</b> _____