JUV-3 Children in Need of Services (CHINS) Complaint CHILDREN IN NEED OF SERVICES (CHINS) COMPLAINT IN THE JUVENILE COURT OF DAWSON COUNTY, GEORGIA

| | | | File #: | |
|-------------------------------------|------------------------|-----------------------|------------------------|-----------------|
| Name: (Last, F, M) | _ast, F, M) Age: | | | |
| AKA: | | DOB: | | |
| Race: | Lives | | Res Phone: | |
| Sex: | With: | | Bus Phone: | |
| School: | | | | |
| Grade: | SS | SS#: | | |
| Child's | | | | |
| Address: | | | | |
| (Street) | (City) | (County) | (State) | (Zip) |
| Does the child receive spe | ecial education servic | es? If so, explain: _ | | |
| Mother's | | | Res Phone: | |
| Name: | | | Bus Phone: | |
| | (Include Mother's | s Maiden Name in F | Parentheses) | |
| Mother's Address: | | | | |
| (Street) | (City) | (County) | (State) | · • |
| Father's | | | | |
| Name: | | | Bus Phone: | |
| Father's | | | | |
| Address: | | | | |
| (Street) | (City) | (County) | (State) | |
| Legal | | | Res Phone: | |
| Custodian: | | | Bus Phone: | |
| Custodian's | | | | |
| Address: | | | | |
| (Street) | (City) | (County) | (State) | (Zip) |
| Other household member Court: | s and their DOB. If no | one of the preceding | g applies, adult relat | ive nearest the |
| | | | | |
| Taken into Custody: Yes By Whom: | () No () | | | |
| (| (Name) | e) (Agency) | | |
| Placement of | | Date: | | |
| Dependent Child: | | Time: | | |
| Person Notified: | | Date: | | |
| By: | | Via: | Time: | |
| | | | | |

| | ned: Yes () No () | Place | Date: | | |
|---------------------------|---|---------------------------------|---|--|--|
| Authorized By: | | Detained: | Time: Date: | | |
| Released To: Relation: | | - | Time: | | |
| itterativ | | | Time. | | |
| 1. | State the facts supporting this cou | rt's jurisdiction: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | State the reason why this complai | nt is in the best interest of t | he child: | | |
| 3. | Have all available and appropriate attempts to encourage voluntary use of community services by the child's family been exhausted? (Yes/No): | | | | |
| 4. | State the name of any public institution or agency having the responsibility or ability to supply services alleged to be needed by the child: | | | | |
| 5. | If the complainant is a School District, have you sought to resolve the problem through available educational approaches? (Yes/No/NA): | | | | |
| 6. | If the complainant is a School District, have you sought to engage the parent, guardian or legal custodian of the child in solving the problem, but such person has been unwilling or unable to do so, that the problem remains, and court intervention is needed? (Yes/No/NA): | | | | |
| 7. | | r the federal Individuals y | been made that the child is eligible with Disabilities Education Act or No/NA): | | |
| 8. | If the complainant is a School D Individual Education Plan (IEP) (Yes/No/NA): | and placement and made | e modification where appropriate? | | |
| 9. | Is any information required by O. | C.G.A. § 15-11-390(b) unk | mown? If so, what? | | |
| | | | | | |
| Ŧ | · · · | | | | |
| Invest Office | | gency: D. Report #: | Phone #: | | |
| Comp | lainant's | Complainant's | | | |
| | | Address: | | | |
| | | Res Phone: | | | |
| Signature: Date: | | Bus Phone: | | | |