

**CHILD IN NEED OF SERVICES (CHINS)  
COMPLAINT  
IN THE JUVENILE COURT OF  
TIFT COUNTY, GEORGIA**

Complaint # \_\_\_\_\_ File #: \_\_\_\_\_

Name: (Last, F, M) _____		Age: _____	
AKA: _____		DOB: _____	
Race: _____	Lives _____	Phone Res: _____	
Sex: _____	With: _____	Phone Bus: _____	
School: _____			
Grade: _____		SS#: _____	
Child's Address: _____			
(Street)		(City)	(County) (State) (Zip)
Does the child receive special education services? If so, explain: _____			
Mother's Name: _____		Phone Res: _____	
		Phone Bus: _____	
(include Mother's Maiden Name in Parenthesis)			
Mother's Address: _____			
(Street)		(City)	(County) (State) (Zip)
Father's Name: _____		Phone Res: _____	
		Phone Bus: _____	
Father's Address: _____			
(Street)		(City)	(County) (State) (Zip)
Legal Custodian: _____		Phone Res: _____	
		Phone Bus: _____	
Custodian's Address: _____			
(Street)		(City)	(County) (State) (Zip)
Other household members and their DOB. If none of the preceding applies, adult relative nearest the Court.: _____			
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 _____	
Authorized By: _____		Detained: _____	
		Date: _____	
Released To: _____		Time: _____	
Relation: _____			

**CHINS TYPE:** ( )Truant ( )Runaway [w/o just cause and w/o consent & absent for 24+hours]  
 ( )Habitually disobedient of reasonable/lawful commands of legal custodian and ungovernable OR  
 places him/herself or others in unsafe circumstances ( )Wanders/loiters 12AM-5AM ( )Disobeys  
 terms of supervision in court order ( )Patronizes any bar where alcoholic beverages are being sold  
 unaccompanied by legal custodian OR possesses alcoholic beverages ( )Status Offense

1. State the facts supporting this court's jurisdiction including venue (where acts took place or in county where child legally resides):

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2. State the reason why this complaint is in the best interest of the child: \_\_\_\_\_

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3. All available and appropriate attempts to encourage voluntary use of community services by such child's family have 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 said 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 said 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. If the complainant is a School District, has a determination been made that said child is eligible or suspected to be eligible under the federal Individuals with Disabilities Education Act or section 504 of the federal Rehabilitation Act of 1973? (Yes/No/NA): \_\_\_\_\_
8. If the complainant is a School District, have you reviewed the appropriateness of said child's Individual Education Plan (IEP) and placement and made modification where appropriate? (Yes/No/NA): \_\_\_\_\_
9. Is any information required by OCGA § 15-11-390(b) unknown? If so, what?

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Investigating Officer:		Agency: P.D. Report #:		Phone #:	
Complainant's Name: _____			Complainant's Address: _____		
Signature: _____		Date: _____		Phone: (    )                      Cell: (    )	