

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

**File #:** \_\_\_\_\_

Name: (Last, F, M) _____		Age: _____	
AKA: _____		DOB: _____	
Race: _____	Lives _____	Res Phone: _____	
Sex: _____	With: _____	Bus Phone: _____	
School: _____			
Grade: _____		SS#: _____	
Child's Address: _____			
_____ (Street)	_____ (City)	_____ (County)	_____ (State) _____ (Zip)
Does the child receive special education services? If so, explain: _____ _____			
Mother's Name: _____		Res Phone: _____ Bus Phone: _____	
(Include Mother's Maiden Name in Parentheses)			
Mother's Address: _____			
_____ (Street)	_____ (City)	_____ (County)	_____ (State) _____ (Zip)
Father's Name: _____		Res Phone: _____ Bus Phone: _____	
Father's Address: _____			
_____ (Street)	_____ (City)	_____ (County)	_____ (State) _____ (Zip)
Legal Custodian: _____		Res Phone: _____ Bus Phone: _____	
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)	Date: _____ Time: _____	
Placement of Dependent Child: _____		Date: _____ Time: _____	
Person Notified: _____		Date: _____ Time: _____	
By: _____		Via: _____	

Detained: Yes ( ) No ( )	Place	Date: _____
Authorized By: _____	Detained:	Time: _____
Released To: _____		Date: _____
Relation: _____		Time: _____

1. State the facts supporting this court's jurisdiction:

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

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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. If the complainant is a School District, has a determination been made that the 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 O.C.G.A. § 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: _____
	Res Phone: _____
Signature: _____	Bus Phone: _____
Date: _____	