

JUV-1 Delinquency Complaint

**DELINQUENCY
COMPLAINT
IN THE JUVENILE COURT OF
_____ COUNTY, GEORGIA**

Clerk 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)
Child's Place of Birth: _____			
(City)	(County)	(State)	
Does the child receive special education services? If so, explain:			
Mother's Name: _____		Res. Phone: _____	
(Include Mother's Maiden Name in Parentheses)		Bus. Phone: _____	
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)
Complaint: _____			
	(Code)	(Misd./Fel.)	(Date of Offense)
Complaint: _____			
	(Code)	(Misd./Fel.)	(Date of Offense)
Taken Into Custody: Yes () No () _____			
	(Code)	(Misd./Fel.)	(Date of Offense)
By Whom: _____			
	(Name)	(Agency)	
Placement of Deliquent Child: _____		Date: _____	
Person Notified: _____		Time: _____	
By: _____		Date: _____	
Via: _____		Time: _____	
Detained: Yes () No () _____		Place _____	
Authorized By: _____		Date: _____	
Detained: _____		Time: _____	
Released To: _____		Date: _____	
Relation: _____		Time: _____	

