JUV-3 Children in Need of Services (CHINS) Complaint CHILDREN IN NEED OF SERVICES (CHINS) COMPLAINT

IN THE JUVENILE COURT OF LONG 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 spec	cial education service	es? If so, explain: _			
Mother's			Res Phone:		
Name:			Bus Phone:		
	(Include Mother's	Maiden Name in F	Parentheses)		
Mother's Address:					
(Street)	(City)	(County)	(State)	(Zip)	
Father's			Res Phone:		
Name:			Bus Phone:		
Father's					
Address:					
(Street)	(City)	(County)	(State)	(Zip)	
Legal			Res Phone:		
Custodian:			Bus Phone:		
Custodian's Address:					
(Street)	(City)	(County)	(State)	(Zip)	
Other household members Court:	and their DOB. If no	one of the preceding	g applies, adult relat	ive nearest the	
Taken into Custody: Yes	() No ()				
By Whom:					
,	(Name)		(Agency)		
Placement of			Date: _		
Dependent Child:			Time:		
Person Notified:		_	Date:		
By:	Via:		Time:		

FILE#		
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Detained: Yes () No ()	Place	Date:				
Authorized By:	Detained:	Time:				
Released To: Relation:		Date: Time:				
1. State the facts supporting this						
2. State the reason why this com	plaint is in the best interest of t	the child:				
		untary use of community services				
	. State the name of any public institution or agency having the responsibility or ability to supply services alleged to be needed by the child:					
		solve the problem through available				
custodian of the child in solv	ing the problem, but such person	ngage the parent, guardian or legal on has been unwilling or unable to eded? (Yes/No/NA):				
or suspected to be eligible u	nder the federal Individuals v	been made that the child is eligible with Disabilities Education Act or No/NA):				
Individual Education Plan (I		the appropriateness of said child's modification where appropriate?				
9. Is any information required by	y O.C.G.A. § 15-11-390(b) unk	known? If so, what?				
Investigating Officer:	Agency: P.D. Report #:	Phone #:				
Complainant's Name:						
Signature: Date:	Res Phone:					

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