

**CHILDREN IN NEED OF SERVICES (CHINS) COMPLAINT
IN THE JUVENILE COURT OF
PAULDING 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: _____				
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)	Date: _____
Placement of Dependent Child: _____			Time: _____	

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

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

2. State the reason why this complaint is in the best interest of the 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. 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 above is unknown? If so, what? O.C.G.A 15-11-390(b)

Investigating Officer:	Agency: _____ P.D. Report #: _____	Phone #: _____
Complainant's Name: _____	Complainant's Address: _____ _____	
Signature: _____	Date: _____	Res Phone: _____ Bus Phone: _____