

DELINQUENCY COMPLAINT

In the Juvenile Court of Pike County, Ga.

Case # _____

Name: (Last, F, M) _____

AKA: _____

SS# _____ DOB _____ Race: _____
AGE _____ M/F: _____

Child's Address: _____ Lives With: _____
(Street) (City) (State/Zip) (County)

Child's Place of Birth _____ Phone # _____
(City) (State) (County)

School: _____ Grade: _____

Does the child receive special education services? If so, explain: _____

Mother's Name: _____
(Include Mother's Maiden Name in Parentheses)

Mother's Address: _____
(Street) (City, State/Zip)

Home/Cell Phone # _____ Work # _____

Father's Name: _____

Father's Address: _____
(Street) (City, State/Zip)

Home/Cell Phone # _____ Work # _____

Legal Custodian: _____

Custodian's Address _____
(Street) (City, State/Zip)

Home/Cell Phone # _____ Work # _____

Complaint _____ (Code) (Misd/Fel.) (Date of Offense)

Complaint _____ (Code) (Misd/Fel.) (Date of Offense)

Complaint _____ (Code) (Misd/Fel.) (Date of Offense)

Taken into Custody? YES () NO () Date: _____ Detained: YES () NO ()
Time: _____

By Whom: _____
(Name & Agency)

Placement of Dependent Child: _____ Date: _____
Time: _____

Person Notified: _____ Date: _____
Released To/Relation _____ Time: _____

