

DEPENDENCY COMPLAINT

In the Juvenile Court of Pike County, Ga.

Case # _____

(Name of alleged Dependent Child) DOB _____ Age _____
Race _____ Sex _____

(Name of physical custodian of alleged Dependent Child(ren)) DOB _____ Age _____
Relationship to Child(ren): _____ Race _____ Sex _____
Phone # _____

(Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian.)

(Name of other custodian of the alleged dependent child(ren)) DOB _____ Age _____
Relationship to Child(ren): _____ Race _____ Sex _____
Phone# _____

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

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

Home/Cell Phone # _____ Work # _____

Legal Father's Name: _____

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

Home/Cell Phone # _____ Work # _____

Putative Father's Name: _____

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

Home/Cell Phone # _____ Work # _____

Putative Father's Name: _____

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

Home/Cell Phone # _____ Work # _____

(1.) Sibling's Name DOB (Place of Birth: City/St.) (Biological Father's Name)

(2.) Sibling's Name DOB (Place of Birth: City/St.) (Biological Father's Name)

(3.) Sibling's Name DOB (Place of Birth: City/St.) (Biological Father's Name)

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

(Authorized by: Name & Agency)

Placement of Date: _____
Dependent Child: _____ Time: _____
Person Notified: _____ Date: _____
Released To/Relation Time: _____

