

JUV-1 Delinquency Complaint

**DELINQUENCY
COMPLAINT
IN THE JUVENILE COURT OF
_____ 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)
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)	Date: _____	
Placement of Deliquent Child: _____		Time: _____	
Person Notified: _____		Date: _____	
By: _____	Via: _____	Time: _____	
Detained: Yes () No () _____	Place _____	Date: _____	
Authorized By: _____	Detained: _____	Time: _____	
Released To: _____		Date: _____	
Relation: _____		Time: _____	

Victim 1's Name: _____		Res. Phone: _____
Address: _____		Bus. Phone: _____
Victim 2's Name: _____		Res. Phone: _____
Address: _____		Bus. Phone: _____
Victim 3's Name: _____		Res. Phone: _____
Address: _____		Bus. Phone: _____
Co-Perpetrators: _____		
Co-Perpetrators: _____		
Co-Perpetrators: _____		
Give Complete Details of Offense(s) or Complaint and Apprehension:		
Witness(es) – List Name, Age, Address and Phone Number:		
Description of Evidence and Chain of Custody:		
Investigating Officer:	Agency: P.D. Report #:	Phone #:
Complainant's Name: _____	Complainant's Address: _____	
Signature: _____	Date: _____	Res. Phone: _____ Bus. Phone: _____