

**JUV-3 Children in Need of Services (CHINS) Complaint  
CHILDREN IN NEED OF SERVICES (CHINS)  
COMPLAINT  
IN THE JUVENILE COURT OF  
MUSCOGEE 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:			
_____			
_____			
_____			
Taken into Custody: Yes ( ) No ( )			
By Whom: _____			
(Name)		(Agency)	
Placement of Dependent Child: _____		Date: _____	
		Time: _____	
Person Notified: _____		Date: _____	
By: _____		Time: _____	
		Via: _____	

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 by O.C.G.A. § 15-11-390(b) unknown? If so, what?  
 \_\_\_\_\_  
 \_\_\_\_\_

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