

**JUV-1 Delinquency Complaint**

**DELINQUENCY  
COMPLAINT  
IN THE JUVENILE COURT OF  
\_\_\_\_\_ COUNTY, GEORGIA**

Clerk 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)
Complaint: _____			
		(Code)	(Misd./Fel.) (Date of Offense)
Taken Into Custody: Yes ( ) No ( ) _____			
		(Code)	(Misd./Fel.) (Date of Offense)
By Whom: _____			
(Name)		(Agency)	
Placement of Delinquent Child: _____		Date: _____	
Person Notified: _____		Time: _____	
By: _____		Date: _____	
Via: _____		Time: _____	
Detained: Yes ( ) No ( ) _____		Place _____	
Authorized By: _____		Date: _____	
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 Agency: Officer: P.D. Report #: Phone #:					
Complainant's Name: _____			Complainant's Address: _____		
Signature: _____ Date: _____			Res. Phone: _____ Bus. Phone: _____		