

COMPLAINT

**IN THE JUVENILE COURT OF
FORSYTH COUNTY, GEORGIA**

Case Number _____

Name: (Last, F.M.) _____ Age: _____
AKA: _____ DOB: / /

Race: _____ Lives _____ Res.: _____
Sex: _____ With: _____ Bus.: _____

(Name) (Phone)

Child's
Address:

(Street) (Apt. #) (City) (County) (State) (Zip)

Mother's Name: _____ Res.: _____
Phone: Bus.: _____

(Include Mother's Maiden Name In Parentheses)

Mother's
Address:

(Street) (Apt. #) (City) (County) (State) (Zip)

Father's Name: _____ Res.: _____
Phone: Bus.: _____

Father's
Address:

(Street) (Apt. #) (City) (County) (State) (Zip)

Legal Custodian: _____ Res.: _____
Phone: Bus.: _____

Custodian's
Address:

(Street) (Apt. #) (City) (County) (State) (Zip)

Complaint: _____ / /

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

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

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

Taken Into Custody: Yes () No ()
By Whom:

(Name) (Agency) Date: / /
Time:

Person notified: Date: / /
By: VIA: Time:

Place Date: / /
Detained: Yes () No () Detained: Time:
Authorized by:

Released To: Date: / /
Relation: Time:

Co-perpetrator:
(Name and Age)

Co-perpetrator:
(Name and Age)

Victim's Name: Phone #:
Victim's Address:

Victim's Name: Phone #:
Victim's Address:

Give Complete Details of Offense(s) or Complaint(s) and Apprehension:

Investigating Agency: P.D. Report #: Phone #:
Officer:

Complainant's Name: Complainant's Address: Phone #:
Signature: Date: