



State of Georgia
Juvenile Court of Forsyth County
Bell-Forsyth Judicial Circuit

Christopher W. Willis
PRESIDING JUDGE

TELEPHONE (770) 781-3099
FACSIMILE (770) 781-3089

MEMORANDUM AND ACKNOWLEDGMENT CONCERNING PRIVATE DEPENDENCY
PETITIONS

You have been provided with this dependency packet because you have expressed the desire to become the temporary custodian and/or guardian of a minor child that you believe to be in need of this Court's protection due to being abused or neglected or otherwise without his or her parent, guardian, or legal custodian.

Please complete the pleadings contained in this packet in their entirety and present them to the Clerk of the Forsyth County Juvenile Court for filing. The Clerk of Court will accept your pleadings and submit them to the Court for review and endorsement. If endorsed by the Court, your pleadings will be filed, and a hearing will be set within 60 days of the date of filing. **You will receive notice of the hearing via statutory electronic service to the email address you provide in your pleadings, so please ensure that all contact information is correct.**

You must file this Memorandum as part of your dependency pleadings. Please initial the following in order to confirm your understanding of each:

_____ **If the child is in immediate danger and/or at risk of imminent physical harm and needs to be removed from his/her home immediately, please contact law enforcement and/or the Forsyth County Division of Family and Children Services.** This court will not issue an emergency ex-parte custody order in a private dependency matter.

_____ Neither the Clerk of Court, the Judges' office, nor any other employee of the Forsyth County Clerk of Court, Court Administration, or Juvenile Court can provide you with any legal advice or assist you with the prosecution of your dependency matter.

_____ Dependency actions are complex and nuanced under Georgia and federal law and can be difficult for a layperson to navigate. **While you are entitled to represent yourself, you are strongly encouraged to obtain the assistance of an attorney.**

_____ You may be required to provide a statement of your prior history with Child Protective Services in all states, if any, and your Georgia and federal criminal background reports.

_____ The purpose of dependency matters in this Court is first and foremost to reunify families and, when aggravating factors do not exist, this Court's orders will support the reunification of children with their parents. Permanent custody is a remedy that is not legally available via a dependency matter. **Permanent custody disputes between parents or between parents and third parties should be filed in Superior Court and do not fall under the jurisdiction of Juvenile Court.**

_____ Parents/custodians of children who are the subject of dependency proceedings are entitled to representation by an attorney in dependency matters. If the parent/custodian cannot afford to hire an attorney, the court will provide an attorney for the parent/custodian who will be available to represent the parent/custodian at all stages of the proceedings.

_____ The Court will appoint each child who is the subject of a dependency action an Attorney and a Guardian ad Litem as required by law. By filing a Petition for Dependency, you are certifying that you will cooperate with all representatives appointed to represent the child(ren) for whom you are seeking protection.

_____ I affirm that this is not a custody dispute and that I support reunification efforts if reunification is found to be in the best interest of the child(ren).

_____ I affirm that the child(ren) are not in immediate danger but that I believe the child(ren) to be in an ongoing state of abuse or neglect.

_____ I understand the peril to my case should I proceed without an attorney.

_____ I understand that neither court staff nor the clerk's office can assist me or give me legal advice.

_____ I understand that my action cannot be heard until the parent(s)/custodian(s) and the child(ren) are properly served with this action according to law.

By placing my signature below, I affirm that I have read and understand this Memorandum.

PETITIONER

Print Name:

Date:

Sworn and subscribed before me
this _____ day of _____, 20____.

NOTARY PUBLIC

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

Case #:

Name of physical custodian of alleged dependent child(ren) (Last, F, M):					Age: _____ DOB: _____				
Race: _____		Relationship to			Res Phone: _____				
Sex: _____		Child(ren): _____			Bus Phone: _____				
Address where alleged dependent child(ren) reside, dependency occurred or is located without a custodian:									
(Street)		(City)		(County)		(State)		(Zip)	
Name of other custodian of the alleged dependent child(ren), (Last, F, M):					Age: _____ DOB: _____				
Race: _____		Relationship to			Res Phone: _____				
Sex: _____		Child(ren): _____			Bus Phone: _____				
Mother of					Res Phone: _____				
Child(ren):					Bus Phone: _____				
(Include Mother's Maiden Name in Parentheses)									
Mother's Address:									
(Street)		(City)		(County)		(State)		(Zip)	
Legal Father's Name:					Res Phone: _____ Bus Phone: _____				
Legal Father's Address:									
(Street)		(City)		(County)		(State)		(Zip)	
Putative Father's Name:					Res Phone: _____ Bus Phone: _____				
Putative Father's Address:									
(Street)		(City)		(County)		(State)		(Zip)	
Putative Father's Name:					Res Phone: _____ Bus Phone: _____				
Putative Father's Address:									
(Street)		(City)		(County)		(State)		(Zip)	
Each child's name, age, date and place of birth, and father's name:									

Taken Into Custody: Yes () No ()									
By Whom:									
(Name)					(Agency)				
Placement of Dependent Child:					Date: _____ Time: _____				

Person Notified: _____		Date: _____
By: _____	Via: _____	Time: _____
Detained: Yes () No ()	Place _____	Date: _____
Authorized By: _____	Detained: _____	Time: _____
Released To: _____		Date: _____
Relation: _____		Time: _____
<p>1. State the facts of the dependency: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>2. If the child(ren) are not legal residents, how did they get into the U.S. and in your custody? _____ _____</p> <p>3. If the legal parent(s') whereabouts are unknown, state all efforts made in your diligent search to find them and/or the name and address of any known adult relative nearest the court. _____ _____ _____ _____</p> <p>4. Is the child(ren) subject to the Indian Child Welfare Act? Yes/No: _____</p> <p>5. Is any information required by O.C.G.A. § 15-11-152 unknown? Yes/No: _____</p> <p>6. Are the parents capable of paying child support and should be ordered to do so? Yes/No: _____</p>		
Investigating Officer:	Agency: P.D. Report #:	Phone #:
Complainant's Name: _____	Complainant's Address: _____ _____	
Signature: _____	Date: _____	Res Phone: _____ Bus Phone: _____

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

In the Interest of:

<hr/>	<hr/>	CASE NO.: <hr/>
DOB:	AGE:	SEX:
<hr/>	<hr/>	<hr/>
DOB:	AGE:	SEX:
<hr/>	<hr/>	<hr/>

Minor child(ren) under the age of eighteen (18) years.

PETITION FOR DEPENDENCY

COMES NOW, Petitioner _____, and files this Petition for Dependency pursuant to O.C.G.A. § 15-11-150, showing to the Court the following in support thereof:

1.

The above-named minor child(ren) is/are of the name(s), age(s), and sex(es) as stated above. The minor child(ren) currently reside(s) at _____ and are subject to this Court's jurisdiction. Venue is proper in this Court.

2.

The Mother of the above-named minor child(ren) is _____ who currently resides and can be served with a copy of this Petition at: _____.

3.

The Father of the above-named minor child(ren) is _____ who currently resides and can be served with a copy of this Petition at: _____.

4.

The Mother and the Father were / were not married at the time the child was born. The Mother and the Father are / are not currently married. If the Mother and Father have never been married, the Father has / has not legitimated the minor child in a court of law.

5.

The minor child(ren) is / are not currently in protective custody.

6.

The minor child(ren) is / are presently dependent as defined by O.C.G.A. § 15-11-2(22) in that the child(ren) is / are:

- ☐ Abused or neglected and in need of the protection of the court;
- ☐ Has/have been placed for care or adoption in violation of law; and/or
- ☐ Is without his or her or their parent, guardian, or legal custodian.

7.

The child(ren) is / are a dependent child(ren) based upon the following grounds:

- ☐ Failure of the parent or custodian to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child(ren)'s physical, mental, or emotional health or morals;
- ☐ Failure of the parent or custodian to provide the child(ren) with adequate supervision necessary for the child(ren)'s well-being;
- ☐ Abandonment:
 - ☐ Failure, for a period of at least six months, to communicate meaningfully with the child(ren);
 - ☐ Failure, for a period of at least six months, to maintain regular visitation with the child(ren);
 - ☐ Leaving the child(ren) with another person without provision for his/her/their support for a period of at least six months;
 - ☐ Failure, for a period of at least six months, to participate in any court ordered plan or program designed to reunite the child(ren)'s parent, guardian, or legal custodian with his or her child(ren);
 - ☐ Leaving the child(ren) without affording means of identifying such child(ren) or his or her parent, guardian, or legal custodian; the identity of such child(ren)'s parent, guardian, or legal custodian cannot be ascertained despite diligent searching; AND a parent, guardian, or legal custodian has not come forward to claim such child(ren) within three months following the finding of such child(ren);
 - ☐ Being absent from the home of the child(ren) for a period of time that creates a substantial risk of serious harm to the child(ren) left in the home;

- ☐ Failure to respond, for a period of at least six months, to notice of child protective proceedings;
- ☐ Other conduct indicating an intent to forgo parental duties or relinquish parental claims (please describe): _____

_____;
- ☐ The child(ren) suffered a physical injury as a result of the act or omission of the parent or custodian which was nonaccidental or is inconsistent with the explanation given for it;
- ☐ Emotional abuse;
- ☐ Sexual abuse or sexual exploitation;
- ☐ Prenatal abuse; and/or
- ☐ The commission of an act of family violence as defined by O.C.G.A. § 19-13-1 in the presence of a child which the child was able to see or hear.

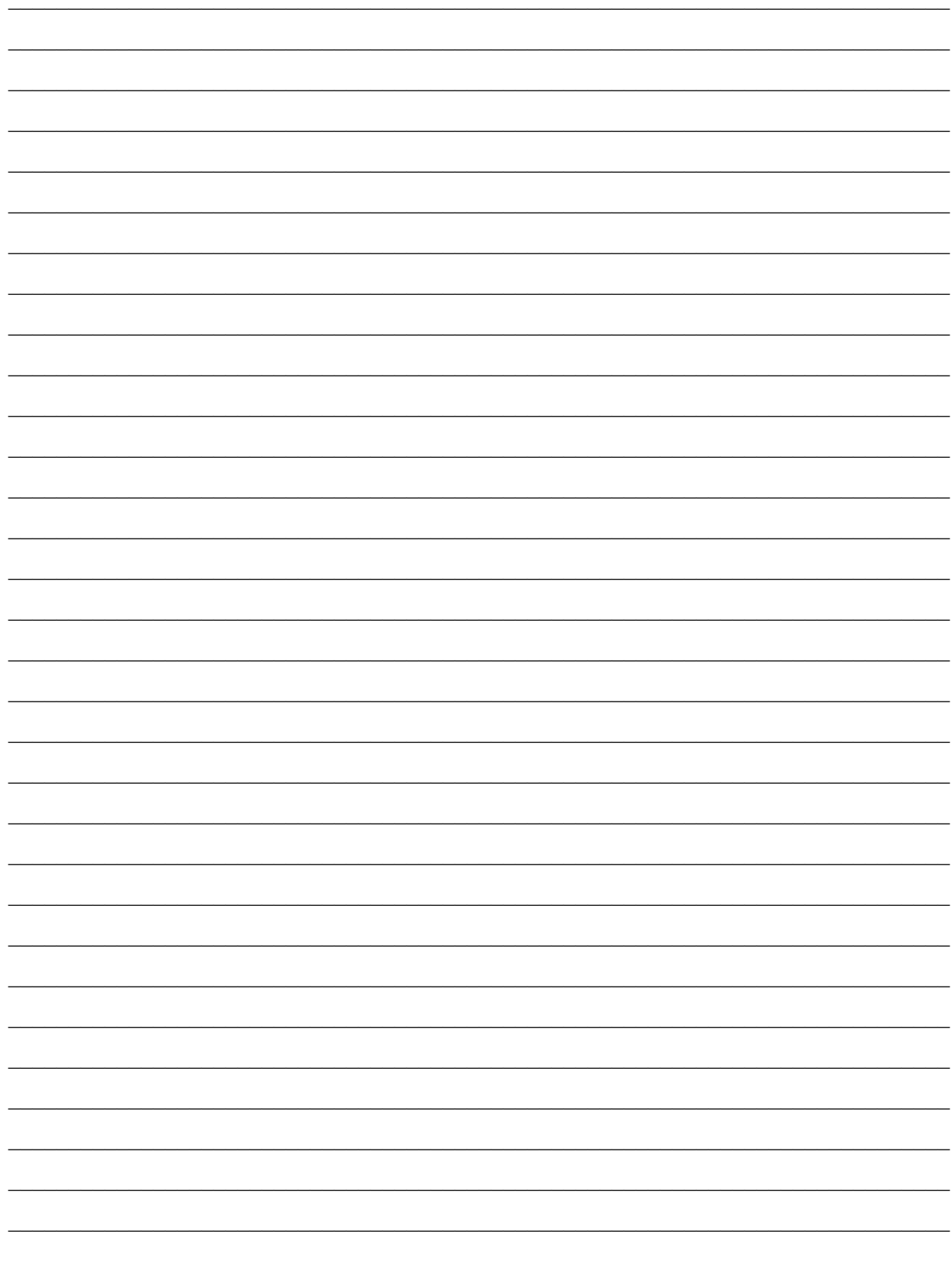
8.

The following factors apply to this case: (Mark all applicable. If nonapplicable, mark N/A)

- | | |
|---|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Biological Father has not legitimated |
| <input type="checkbox"/> Educational Neglect | <input type="checkbox"/> Mental impairment of parent |
| <input type="checkbox"/> Medical Neglect | <input type="checkbox"/> Substance Abuse by parent/custodian |
| <input type="checkbox"/> Unstable employment | <input type="checkbox"/> Incarceration of parent/custodian |
| <input type="checkbox"/> Inadequate or unstable housing | |
| <input type="checkbox"/> Other: | |

9.

The facts which support the grounds for dependency alleged above are as follows (attach additional pages as necessary):



10.

It is in the best interest of the child(ren) and the public that the proceedings be brought.

11.

It is in the best interests of the minor child(ren) to continue in the custody of the parent/custodian/be placed in the temporary custody of _____
pursuant to O.C.G.A. §§ 15-11-133(a) and 15-11-212(a)(2)(A). The proposed custodian has the following relationship with the child: _____.

WHEREFORE, Petitioner prays that:

- A. The Court find the child(ren) to be dependent as defined by O.C.G.A. § 15-11-2(22);
- B. The Court find that it is contrary to the welfare of the child(ren) to remain in the custody of his/her/their parent(s)/legal custodian(s);
- C. The Court place the child(ren) in the temporary legal and physical custody of _____ based upon a finding that said placement is in the best interests of the child(ren);
- D. The Court implement a reunification plan; or, if aggravating circumstances exist, the Court enter an order finding non-reunification to be in the best interests of the child(ren) and implementing an alternative permanency plan;
- E. Summons and Process issue;
- F. The Court schedule a hearing at which this Petition for Dependency is adjudicated; and
- G. The Court grant other and further relief as the Court deems equitable, just, and in the best interests of the child(ren).

Respectfully submitted this _____ day of _____, 20____.

PETITIONER

Print name:

Address:

Telephone Number:

Email address:

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

In the Interest of:

DOB: AGE: SEX: **CASE NO.:** _____

DOB: AGE: SEX: **CASE NO.:** _____

Minor child(ren) under the age of eighteen (18) years.

VERIFICATION

Personally appeared before the undersigned, an officer duly authorized by law to administer oaths, _____, who, after being duly sworn, states under oath that he/she is legally competent to make this Verification and that the facts alleged in the attached Petition for Dependency are true and correct to the best of his/her knowledge.

This ____ day of _____, 20____.

PETITIONER

Print Name:

Sworn to a subscribed before me
this ____ day of _____, 20____.

NOTARY PUBLIC

My commission expires:

ENDORSEMENT

The filing of the above Petition is in the best interest of the Minor Child(ren) and the public and is therefore approved.

This ____ day of _____, 20____.

Court Designee

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

In the Interest of:

DOB: AGE: SEX: **CASE NO.:** _____

DOB: AGE: SEX: **CASE NO.:** _____

Minor child(ren) under the age of eighteen (18) years.

AFFIDAVIT REGARDING HOUSEHOLD MEMBERS

I, _____, hereby attest that the following information regarding members of the household in which I propose the child(ren) be placed by the Court is true and accurate to the best of my knowledge. I certify that I have listed each and every household member, including myself and any party to this case, below.

ADDRESS: _____

Name	Date of Birth	Relationship to child(ren)	Does this person have history with any state's Child Protective Services? If yes, list year, county/state.	Has this person had any criminal convictions? If yes, list charges and county/state in which they occurred.

Sworn to and subscribed before me
this ____ day of _____, 20____.

NOTARY PUBLIC

PETITIONER
Print Name:

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

In the Interest of:

DOB: AGE: SEX: **CASE NO.:** _____

DOB: AGE: SEX: **CASE NO.:** _____

Minor child(ren) under the age of eighteen (18) years.

AFFIDAVIT CONCERNING CHILD CUSTODY

Personally appeared before the undersigned attesting officer duly authorized to administer oaths, came _____ who, after being duly sworn, states as follows:

1.

My name is _____. This affidavit is made in connection with a Petition for Dependency I filed as to the above-named child(ren) in the Juvenile Court of Forsyth County.

2.

The name and present address of each child named in the above styled action are:

_____.

3.

In the past five (5) years, the child(ren) have resided at the following addresses and in the custody of the following persons:

_____.

4.

I have / have not participated as a party, witness, or in any other capacity in any other litigation concerning the custody of any child named above in this or any other state.

5.

I am / am not aware of any proceeding concerning custody of the above-named child(ren) pending in this or any other state.

6.

I do know / do not know of any person not a party to this proceeding who has custody of the child or claims to have custody or visitation rights with respect to the child.

7.

To the best of my knowledge, the county and state in which any proceeding identified in paragraphs 5 or 6 above was brought are as follows:

8.

I understand that I am under a continuing duty to inform the court if I become aware of any custody proceeding concerning the child(ren) in this or any other state at any time during these proceedings.

Further affiant sayeth not.

PETITIONER

Print Name:

Sworn and subscribed before me
this _____ day of _____, 20____.

NOTARY PUBLIC

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

In the Interest of:

DOB: AGE: SEX: **CASE NO.:** _____

DOB: AGE: SEX: **CASE NO.:** _____
Minor child(ren) under the age of eighteen (18) years.

SUMMONS

To: _____ Address: _____

You are hereby notified that a Petition for Dependency has been filed in this court concerning the above child. A copy of that petition is attached to this summons.

This is a Summons requiring you to be in Court. If you fail to come to court as required, you may be held in contempt of Court and punished accordingly.

Now, therefore, you, the party named above, are commanded to be and appear on the date and time stated below, and to remain in attendance from hour to hour, day to day, month to month, year to year, and time to time, as said case may be continued, and until discharged by the Court, and you are commanded to lay any and all business aside and to be and appear before the Juvenile Court of Forsyth County, Georgia, located at the **Juvenile Justice Center, 875 Lanier 400 Parkway, Cumming, Georgia 30040** on the ____ day of _____, 20__ at ____ a.m./p.m. or as soon thereafter as counsel can be heard, to answer those allegations as set forth in the Petition and you, the said parent, guardian, or legal custodian, are likewise hereby commanded to be and appear with the aforesaid child in said court at the time and place above stated, each of you then and there to make defense thereto and to show cause why the said child and all parties named herein should not be dealt with according to provisions of the law.

READ CAREFULLY

You are entitled to the appointment of counsel to represent you in this matter, if you are unable to afford one.

This Summons requires you to be present at a formal hearing in the Juvenile Court.

The child and other parties involved may be represented by a lawyer at all stages of these proceedings

If you want a lawyer, you may choose and hire your own lawyer. If you want to hire a lawyer, please contact your lawyer immediately.

If you want a lawyer but are not able to hire a lawyer without undue financial hardship, you may ask for a lawyer to be appointed to represent you. The Court would inquire into your financial circumstances and if the Court finds you to be financially unable to hire a lawyer, then a lawyer will be appointed to represent you.

If you want a lawyer appointed to represent you, you must let the Court or the officer of this Court handling this case know that you want a lawyer immediately. Please do so by calling (770) 781-3099 and speak to G. Mugridge within three (3) days of service of this petition.

WITNESS the Honorable _____, Judge of the Forsyth County Juvenile Court.

This ____ day of _____, 20__.

Clerk of Court

Clerk/Deputy Clerk of Forsyth County Juvenile Court

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

In the Interest of:

DOB: _____ **AGE:** ____ **SEX:** ____ **CASE NO.** _____

DOB: _____ **AGE:** ____ **SEX:** ____ **CASE NO.** _____

Minor child(ren) under the age of eighteen (18) years.

REQUEST FOR HEARING AND RULE NISI

Please complete this form and return it to:

Forsyth County Juvenile Court Clerk, 875 Lanier 400 Parkway, Cumming, Georgia 30040

- **This form must be filed in conjunction with a pleading for the relief requested.** No hearing will be assigned without a corresponding motion or pleading.
- All requested information must be provided or you will not be assigned a court date.
- **You are responsible for notifying all parties and attorneys of the assigned court date.**

Name of Party/Attorney Requesting Hearing: _____

☐ Petitioner ☐ Respondent ☐ Child Attorney/GAL ☐ Other: _____

Name of Opposing Attorneys or Parties/CASA/Guardian ad Litem:

Purpose of Hearing: _____

Submitted this _____ day of _____, 20____.

Signature: _____ **Print name:** _____

Email Address & Phone Number: _____

RULE NISI

A hearing having been requested in the above-styled matter on the issues raised above, the parties shall appear on the _____ day of _____, 20____ at ____:_____.m. at the Forsyth County Juvenile Court located at 875 Lanier 400 Parkway, Suite 100, Cumming, Georgia 30040.

This _____ day of _____, 20____.

Judge, Forsyth County Juvenile Court