

IN THE JUVENILE COURT OF LIBERTY COUNTY
STATE OF GEORGIA

COMPLAINT

Name: (Last, First Middle): AKA:		Age: DOB:
Race: Sex:	Lives With: Address:	Phone Number Residence: Business:
Child's Address		
Street (Apt. #): City: State: Zip: County:		
Mother's Name (include mother's maiden name in parentheses):		Phone Number Residence: Business:
Mother's Address		
Street (Apt. #): City: State: Zip: County:		
Father's Name (include mother's maiden name in parentheses):		Phone Number Residence: Business:
Legal Custodian:		Phone Number Residence: Business:
Legal Custodian's Address		
Street (Apt. #): City: State: Zip: County:		
Complaint (1):		Code Section: Misd./Felony: Date of Offense:
Complaint (2):		Code Section: Misd./Felony: Date of Offense:
Complaint (3):		Code Section: Misd./Felony: Date of Offense:
Taken into Custody: Yes <input type="checkbox"/> No <input type="checkbox"/>		By whom: Name: Agency:
Placement of Deprived Child:		Date: Time:
Person Notified:	By: Via:	Date: Time:
Detained: Yes <input type="checkbox"/> No <input type="checkbox"/>	Place Detained: By:	Date: Time:
Released to:	Relation:	Date: Time:
Co-Perpetrators: [State Name(s)/Age(s)]		
Victim's Name:	Victim's Address:	Victim's Phone #:
Victim's Name:	Victim's Address:	Victim's Phone #:
Give Complete Details of Complaint(s) and Apprehension:		
Investigating Officer:	Agency: P.D. Report #:	Agency Phone Number:
Complainant's Name:	Date:	Complainant's Address: Complainant's Phone Number:
Complainant's Signature:		