

**JUV-2 Dependency Complaint**

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

File #:

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)		(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)		(State) (Zip)	
Legal Father's Name:				Res Phone: _____ Bus Phone: _____	
Legal Father's Address:					
(Street)		(City)		(State) (Zip)	
Putative Father's Name:				Res Phone: _____ Bus Phone: _____	
Putative Father's Address:					
(Street)		(City)		(State) (Zip)	
Putative Father's Name:				Res Phone: _____ Bus Phone: _____	
Putative Father's Address:					
(Street)		(City)		(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: _____	

