## IN THE JUVENILE COURT OF DEKALB COUNTY STATE OF GEORGIA

IN THE INTEREST OF:				FILE NO		
	SEX:	Age:	DOB:	Height:	Weight:	Case #:
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	DR ALL ND AFFI Indersign Cts are tro DFAMII ren) is/ar	ed, who, afue:  LY INFOR  The each under	DEPENDE F REASON ter being de MATION er the age of	NT CHILD(1) ABLE EFFC  posed, states to the	REN) DRTS  hat to the besi	t of his/her
(C) The child(ren) is/are cur	rently pro	esent in De	Kalb County	y, GA.		
(D) The parents of the above	:-named	child(ren) a	are:			
 Mother			Address	s		
Father of (child(ren)	's name(s	s)): 	Address	S		
Father of (child(ren)	's name(s	s)): 	Address	S		
(E) The legal custodian of the	e child(r	en)(if other	than paren	ts) is:		
 Name			_ Address	s		

## II. FACTUAL BASIS FOR COMPLAINT OF DEPENDENCY:

The child(ren) named above is/are "dependent child(ren)" as defined by O.C.G.A. § 15-11-2(22) and, more specifically, the facts tending to show abuse and/or neglect of the above-named child(ren) are stated below (check and explain below all that apply to this case):

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] "a	buse" as defined by O.C.G.A. § 15-11-2(2) which has been committed as:
	The following named child(ren), has/have experienced a non-accidental physical injury or physical injury which is inconsistent with the explanation given for it suffered by a child as the result of the acts or omissions of a person responsible for the care of a child, and the facts made known to DFCS supporting this Complaint are as follows:
	The following named child(ren), has/have experienced emotional abuse as defined by O.C.G.A. §15-11-2(30) to mean "acts or omissions by a person responsible for the care of a child that cause any mental injury to such child's intellectual or psychological capacity as evidenced by an observable and significant impairment in such child's ability to function within a child's normal range of performance and behavior or that create a substantial risk of impairment, if the impairment or substantial risk of impairment is diagnosed and confirmed by a licensed mental health professional or physician qualified to render such diagnosis" and the facts made known to DFCS supporting this Complaint are as follows:  ;
	The following named child(ren), has/have experienced sexual abuse as defined by O.C.G.A. § 15-11-2(69) to mean "a caregiver or other person responsible for the care of a child employing, using, persuading, inducing, enticing, or coercing any child to engage in any act which involves: (A) sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex; (B) bestiality; (C) masturbation; (D) lewd exhibition of the genitals or pubic area of any person; (E) flagellation or torture by or upon a person who is nude; (F) the condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude; (G) physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts; (H) defecation or urination for the purpose of sexual stimulation; or (I) penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure by a licensed health care professional," and the facts made known to DFCS supporting this Complaint are as follows:
	The following named child(ren), has/have experienced sexual exploitation, defined by O.C.G.A. § 15-11-2(70) to mean "conduct by a caregiver or other person responsible for the care of a child who allows, permits, encourages, or requires a child to engage in: (A) prostitution, in violation of Code Section 16-6-9; or (B) sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct, in violation of O.C.G.A. § 16-12-100," and the facts made known to DFCS supporting this Complaint are as follows:

The following named child(ren), has/have experienced prenatal abuse of by O.C.G.A. § 15-11-2(56) to mean "exposure to chronic or severe use of alcohol unlawful use of any controlled substance, as such term is defined in O.C.G.A § 16-which results in: (A) symptoms of withdrawal in a newborn or the presence of a consubstance or a metabolite thereof in a newborn's body, blood, urine, or meconium not the result of medical treatment; or (B) medically diagnosed and harmful effect newborn's physical appearance or functioning," and the facts made known to supporting this Complaint are as follows:	or the 13-21, trolled that is ts in a
The following named child(ren), has/have experienced family violence commission of an act of family violence as defined in O.C.G.A. § 19-13-1 in the prof a child, which is defined as "the occurrence of one or more of the following acts be past or present spouses, persons who are parents of the same child, parents and chistepparents and stepchildren, foster parents and foster children, or other persons live formerly living in the same household: (1) any felony; or (2) commission of offer battery, simple battery, simple assault, assault, stalking, criminal damage to prounlawful restraint, or criminal trespass" but "shall not be deemed to include reas discipline administered by a parent to a child in the form of corporal punishment, resort detention," and the facts made known to DFCS supporting this Complaint follows:	esence etween ildren, ving or uses of operty, onable straint,
The following named child(ren), has/have experienced <b>neglect</b> as defined by O.C. § 15-11-2(48) and which is manifested as:	G.A.
The <i>failure to provide</i> a child with:	
□ proper parental care or control, and the facts known to supporting this Complaint of Neglect are as follows: □ subsistence, which "is commonly defined to cover the bare nece required to preserve life, including necessary medical treatment." In 282 Ga. 623, 652 S.E.2d 547(2007), and the facts known to supporting this Complaint of Neglect are as follows: □ education as required by law, and the facts known to DFCS supporting this Complaint of Neglect are as follows: □ other care or control necessary for a child's physical, mentemotional health or morals; and the facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint of Neglect are as facts known to DFCS supporting this Complaint the facts known to DFCS supporting this Complaint the facts known to DFCS supporting this Complaint the facts known to DFCS supporting this	essities re J.S., DFCS corting tal, or ng this
or	
The following named child(ren), has/have experienced abandonment of or her parent, guardian, or legal custodian, which is defined by O.C.G.A. § 15-11-	•

	mean "any conduct on the part of a parent, guardian, or legal custodian showing an intent to forgo parental duties or relinquish parental claims."  Intent to forgo parental duties or relinquish parental claims is evidenced in this case
	by:
	(A) being absent from the home of his or her child for a period of time that creates a substantial risk of serious harm to a child left in the home and the facts made known to DFCS supporting this Complaint are as follows:
	☐ (B) any other conduct indicating an intent to forgo parental duties or relinquish parental claims", and the facts made known to DFCS supporting this Complaint are as follows:
III. REPOR	T AS TO WHETHER SUBSTANCE ABUSE IS A CAUSE OF DEPENDENCY:
	her 1,
and the facts	made known to DFCS supporting this complaint of substance abuse are as follows .
IV. FACTUA	AL BASIS FOR REMOVAL OF CHILD(REN) FROM THE HOME:
1) Explain wl	hy removal of the child(ren) from his/her surroundings is necessary:
□No	ove-named child(ren) in <i>immediate</i> danger from his or her surroundings? es. If yes, describe the immediate danger:
3) Explain wh	hy the removal of the child(ren) from the surroundings is the <i>only and necessary</i> solution:
4) Is the child?	d(ren)'s placement in shelter care necessary to protect the person or property of others or of  No Yes. If yes, explain why:
•	ve a good-faith belief that the child(ren) may abscond or be removed from the jurisdiction f not placed in shelter care?  No Yes If yes, describe in detail, based upon your personal knowledge or upon

information and belief, the evidence supporting your belief:
6) Is/are the child(ren) without a parent, guardian, or custodian or other person able to provide supervision and care for him/her and return him/her to court when required?
☐ No ☐ Yes If yes, describe the circumstances:
V. REPORT AS TO DUE DILIGENCE AND THE PROVISION OF APPROPRIATE SERVICES (REASONABLE EFFORTS):
The undersigned reports that (choose only (1) OR (2) below):
(1) There are no appropriate services or efforts which could allow an alleged dependent child to safely remain in the home given the particular circumstances of such child and his or her family at the time of his or her removal and so the absence of such efforts was justifiable, for the following reasons:;
or
(2) DFCS has made the following reasonable efforts by the exercise of due diligence and the provision of services to prevent or eliminate the need for removal of a child from his or her home and to make it possible for such child to safely return home. Provide details below:
I. Contact with the family:
DFCS first had contact with this family regarding the concerns for which DFCS is now seeking removal of the child(ren) on//20  Describe the reason for such initial contact:
II. Assessment of needs:
(A)State the specific basic needs of the child(ren) that are not being met by the family or by others enlisted by the family:
(B) Has DFCS assessed the family to determine what services are necessary to enable the parents to meet the basic needs of the child(ren)?
□NO. If not, explain why not:
YES. If YES, explain what services are deemed by DFCS to be necessary to

## III. Provision of and results of services to prevent or eliminate the need for removal of a child from his or her home:

(A) Has DFCS offered to provide the services determined to be necessary?
☐ NO. If not, explain why not:
☐ YES. If YES, did the family accept the services provided by DFCS?
No, the family did not accept the services for the following reason(s):
☐Yes. If so, explain:
(i) Why the services provided by DFCS did not remedy the family's identified problems:
(ii)Were any services suggested or desired but not provided because they are unavailable?
$\square$ NO.
YES. If yes, describe the service(s) and how was it determined that such services are truly unavailable in this community:
(B) Are there other services with the ability to address the family's problems that are available in the community that DFCS has not yet provided to this family?
□ NO.
YES. If such other services were available but not provided, explain why these services were not provided:
(C) Did the family request additional services that would be able to alleviate dependency of the child(ren)?
□NO.
☐YES. If so:
(i) List the services requested:
<ul><li>(ii) Did DFCS provide these additional requested services to the family?</li><li>☐Yes.</li></ul>

NO.	If not,	why	not?
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## VI. PROPOSED PLACEMENT

1) The undersigned requests permission to place the child(ren):  (A)  in a licensed or approved foster home approved by the local county DFCS.  (B)  in the home of the child(ren)'s non-custodial parent (name)  (C)  in the home of the child(ren)'s relative (name)  (D)  in a facility operated by a licensed child welfare agency.  (E)  in a licensed shelter care facility approved by the court.  (F)  in the home of a fictive kin (name)
If you have selected options B, C, D, E or F above, please describe:
(1) the steps you have taken to investigate and determine whether the requested placement(s) is/are best suited for the child's health, safety and welfare:
(2) the results of that investigation:
Submitted under oath this day of, 20
Signature Name and title:
Sworn to and subscribed before me this day of, 20
Notary Public My Commission Expires:
Sworn to and subscribed before me this day of 20
Judge/Associate Judge, DeKalb County Juvenile Court

Revised 09.01.2018