



Juvenile Court of Paulding County

Judge Carolyn Altman

280 Constitution Boulevard
Room 2106
Dallas, Georgia 30132
Phone: (770) 443-7532
Fax: (770) 443-2029

MEMORANDUM CONCERNING DEPENDENCY PACKETS (11/9/10)

You have been provided this dependency packet because you have expressed the desire to become the “**temporary** legal and physical custodian” of a child that you believe is currently being abused or neglected and is in need of the protection of the court or is without his or her parent, guardian, or legal custodian.

The Clerk of Court will accept and file your paperwork. You will receive written notice of a court date within 30 days from the date that the Petition is reviewed by the Judge. Before the Court can conduct a hearing on this matter, the parents or legal custodian **must** be personally served with a copy of the pleadings by a Sheriff’s deputy and given an opportunity to appear in court. You, the Petitioner will be responsible for ensuring that the parents are served with a copy of the court pleadings and for any costs associated with the service and/or publication if the parent’s whereabouts are unknown.

This page is part of the Dependency pleadings. You must initial the following paragraphs indicating that you have a complete understanding of each statement:

___ The Clerks in this office cannot assist you in any manner. Please do not ask the Clerk’s for assistance. If you need assistance, you should contact an attorney.

___ This Court **WILL NOT ISSUE AN EMERGENCY ORDER FOR TEMPORARY CUSTODY FOR A PRIVATE FILING!** If there are reasonable grounds to believe that the child is suffering from illness or injury or is in **immediate danger** from his or her surroundings *and* that his or her removal is necessary then you should **immediately contact the Department of Family and Children Services and/or the Sheriff’s Office.**

___ At the time of the filing you must either: 1) provide a copy of a police report concerning the “abuse” or 2) provide a copy of the Petitioner’s written report to the Paulding County Department of Family and Children Services alleging specific “neglect”

___ Please provide a written statement that you and the members of your household have had no prior DFCS involvement.

___ The Juvenile Court does not grant PERMANENT CUSTODY.

___ Please note that **custody disputes between natural parents or between third parties are matters for the Superior Court and not under the jurisdiction of the Juvenile Court. If you are seeking “custody” of a child please contact an attorney and file your request in Superior Court.**

___ While you are entitled to represent yourself in this matter, **you are STRONGLY encouraged to obtain the assistance of an attorney.** The Court procedures are complicated and if this matter is going to be contested by the parent(s), it is unlikely that an untrained individual can adequately represent him/herself in the courtroom.

___ The parents of the child(ren) will be given an opportunity to have an attorney before there is a hearing. You, as the Petitioner, will be required to prove your allegations of dependency by a legal standard of clear and convincing evidence that is consistent with the rules of evidence and the rules of civil procedure.

___ **If you choose to proceed with out an attorney to represent your interests you do so at your own peril and at the peril of the child for whom you are seeking temporary custody.**

___ You are stating that this is not a “custody” dispute

___ You are stating that the child or children are **not** in immediate danger but that abuse or neglect has been recently substantiated by DFCS or the police

___ You understand that the clerk’s office **can not assist** you other than by filing the paperwork

___ You understand that you must ensure that the parent/custodians are be served before the court can

hold a hearing

____ You understand that you should contact an attorney to represent you in this matter

By placing your signature below, you are acknowledging that

Dated: _____

Notary Seal

DEPENDENCY PACKET

If it is your desire to proceed with out an attorney after you have read the above information then you must READ THE REQUIRED DOCUMENTS CAREFULLY AND PROVIDE ALL REQUIRED INFORMATION AND RECORDS.

All documents must be legibly filled out and completed even if the same information has been filled in on previous documents. The only exception will be the Affidavit of Child at Least 14 years of Age. The Court must have accurate addresses and telephone numbers for the parents including where they work and work numbers if you have them. Please bring the completed package to the Juvenile Court’s Clerk’s Office, Monday – Friday 8:00 a.m. – 5:00p.m.

Thank you, David Vann, Clerk of Juvenile Court

Please complete the following steps and return the checklist and the completed package to the Clerk’s Office:

Checklist for filing a Private Dependency Action

(Note- if you believe the child is in imminent danger and should be immediately removed from the home of the parents or another care taker, please contact the Department of Family and Children Services to request that a Dependency Petition be filed on an emergency basis!!

This Court will not remove a child from it’s parents based on an alleged emergency wherein the safety of the child is at imminent risk, unless the Department of Family

**and Children Services has been contacted and the Department is seeking an
emergency shelter order!**

The following documents must be completed and filed with the court **prior** to or at the same time as the filing of a complaint and/or petition in the Juvenile Court:

_____ A Form 90 Juvenile Complaint Form Complaint filled out by the Petitioner(s)/Complainant(s) (This must be **legibly** filled out as completely as possible including addresses and telephone numbers).

_____ A Juvenile Court Petition filled out by Petitioner(s). The Petition must be signed in front of a member of the Court staff.

_____ A copy of a police report regarding current **“abuse”** **or** a copy of the Petitioner’s written report to the Paulding County Department of Family and Children Services alleging specific **“neglect”** along with a letter to advise that your household members have had no prior DFCS involvement.

_____ Birth certificate of the child(ren).

_____ Picture identification of the proposed custodian. (A Driver's License or personal photo will be acceptable. We need a copy for the child's file).

_____ Affidavit about any absent parent(s) from parent and proposed custodian.

_____ Affidavit from proposed custodian listing all residents of the household. Include name, age and relationship to proposed custodian.

_____ Criminal Records Check from all adults in proposed custodial home.

(One for each household member over the age of 18 – the Juvenile Court Clerk’s office can run the criminal records check for a fee of \$10.00)

_____ Affidavit under Uniform Child Custody Jurisdiction Act

_____ Affidavit of Child at least 14 years of age (if applicable)

_____ Consents signed by parent(s) (if applicable)

_____ The Petitioner is responsible for perfecting service on the parents. (If you do not understand what this means, please contact an attorney)

I certify that the above marked documents are attached to the Dependency Complaint and Petition.

This _____ day of _____, ____.

Signature of the Petitioner

Signature of the Petitioner

REQUIREMENTS IN PRIVATE DEPENDENCY MATTERS

1. **PLEASE NOTE:** If the Department of Family and Children Services (“DFCS”) has had any involvement with this child(ren) within the past two years, the case will either need to be handled by DFCS or you must submit an approved evaluation of your home from DFCS.
2. Birth certificate of the child(ren).
3. Picture identification of parent(s) and proposed custodian. (A Driver's License or personal photo will be acceptable. We need a copy for the child's file).
4. Affidavit about any absent parent(s) from parent and proposed custodian.
5. Affidavit from proposed custodian listing all residents of the household. Include name, age and relationship to proposed custodian.
6. Criminal Records Check/DFACS Record Check from all adults in proposed custodial home. **(One for each household member over the age of 18)**
7. Affidavit under Uniform Child Custody Jurisdiction Act
8. Affidavit of Child at least 14 years of age (if applicable)
9. Consents signed by parent(s) (if applicable)
10. Complaint filled out by Petitioner(s)/Complainant(s) (This must be **legibly** filled out as completely as possible including addresses and telephone numbers).
11. Petition filled out by Petitioner(s). The Petition must be signed in front of a member of the Court staff.

All documents must be legibly filled out and completed even if the same information has been filled in on previous documents. The only exception will be the Affidavit of Child at Least 14 Years of Age.

We must have accurate addresses and telephone number for the parents including where they work and work numbers if you have them.

Please bring the completed forms to the Clerk’s Office, Monday-Friday 8:00 a.m.-5:00 p.m.

Thank you,

*David Vann
Clerk of Juvenile Court*

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

IN THE INTEREST OF: _____)
)
A Child. _____) FILE NUMBER: _____
)

AFFIDAVIT OF PARENTAGE

Before the undersigned officer, duly authorized to administer oaths, came _____, and after being duly sworn deposes and says as follows:

The mother of the child is _____.

() The mother's address is: _____.

() The whereabouts and address of the mother are unknown. Her last known address is:
_____.

The biological/legal father of the child is _____.

() The father's address is _____.

() The whereabouts and address of the father are unknown. His last known address is:
_____.

The legal custodian of the child is: _____.

This affidavit is given in support of the Complaint attached, which is to be filed with the Paulding County Juvenile Court.

AFFIANT

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

NOTARY PUBLIC/COURT DESIGNEE

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

AFFIDAVIT OF HOUSEHOLD MEMBERS

(Date)

My name is: _____.

My mailing address is: _____.

My residence address is: _____.

I hereby certify under oath that the following individuals reside in this household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Proposed Custodian</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPOSED CUSTODIAN

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

NOTARY PUBLIC/COURT DESIGNEE

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

**CONSENT FORM FOR
CRIMINAL RECORDS CHECK AND
DEPARTMENT OF FAMILY AND CHILDREN SERVICES RECORDS CHECK**

Date: _____

I hereby authorize the Paulding County Department of Family and Children Services to access any criminal history record information, including the NCIC, pertaining to me which may be in the files of any national, state or local criminal justice agency, and to report the findings to the Paulding County Juvenile Court. I further authorize the Paulding County Department of Family and Children Services to search any and all records of the Department of Family and Children Services, Georgia Department of Human Resources, and to report the findings to the Paulding County Juvenile Court. I acknowledge that these searches and reports are being done because an adult in this household is seeking a temporary custody order from the Paulding County Juvenile Court.

(Signature)

(Last) (First) (Middle) (Maiden)

(Address)

(City) (County) (State) (Zip Code)

(Sex) (Race) (DOB) (Social Security Number)

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

IN THE INTEREST OF:

_____)
A Child.)

) FILE NUMBER: _____
)

AFFIDAVIT CONCERNING CHILD CUSTODY
PURSUANT TO O.C.G.A. §19-9-49

Personally appeared before the undersigned attesting officer duly authorized to administer oaths, came

_____, who after being duly sworn, deposes and says as follows:

1.

My name is _____. This affidavit is given to comply with the Uniform Child Custody Jurisdiction Act, O.C.G.A. Section 19-9-49.

2.

The name and present address of the child(ren) who are the subject of the above styled action are:

3.

The child(ren) have, for the last five (5) years, resided in the following places with the persons whose names and addresses are set out adjacent to each child's name:

4.

The deponent has/has not, participated as a party, witness, or in any other capacity, in any other litigation concerning the custody of the same child(ren) in this or any other state.

5.

The deponent has/has no information of any custody proceeding concerning the child(ren) pending in this or any other state.

6.

The deponent knows/does not know of any person not a party to this proceeding who has physical custody of the child or claims to have custody or visitation rights with respect to the child.

7.

The deponent understands that he/she is under a continuing duty to inform the court of any custody proceeding concerning the child(ren) in this or any other state of which he/she obtains information during this proceeding.

AFFIANT/DEPONENT

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

NOTARY PUBLIC/COURT DESIGNEE

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

IN THE INTEREST OF: _____)
)
A Child. _____) FILE NUMBER: _____)

AFFIDAVIT OF CHILD AT LEAST 14 YEARS OF AGE

Before the undersigned attesting officer duly authorized to administer oaths, came _____, and after being duly sworn, states the following: My name is _____ and my birth date is: _____. Accordingly, I am at least 14 years of age. I hereby state that I desire to live with _____ who reside(s) at _____.

I make this election freely and voluntarily and I have not been subjected to any duress in doing so. I am asking the Court to consider my wishes in making a decision concerning my custody.

This ____ day of _____, 20__.

SIGNATURE OF CHILD

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

NOTARY PUBLIC/COURT DESIGNEE

COMPLAINT/REFERRAL
 IN THE JUVENILE COURT OF
 PAULDING COUNTY, GEORGIA

Case#				File #		
Name (last, F, M)				Age:		
<u>AKA:</u>				<u>DOB:</u>		
Race:	Lives			Telephone: Res.:		
Sex:	With:			Telephone: Bus.:		
Child's Address						
	<i>(Street)</i>	<i>(Apt#)</i>	<i>(City)</i>	<i>(County)</i>	<i>(State)</i>	<i>(Zip)</i>
Mother's Name:				Telephone: Res.:		
<i>(include Mother's Maiden Name in Parenthesis)</i>				Telephone: Bus.:		
Mother's Address						
	<i>(Street)</i>	<i>(Apt#)</i>	<i>(City)</i>	<i>(County)</i>	<i>(State)</i>	<i>(Zip)</i>
Father's Name:				Telephone: Res.:		
				Telephone: Bus.:		
Father's Address						
	<i>(Street)</i>	<i>(Apt#)</i>	<i>(City)</i>	<i>(County)</i>	<i>(State)</i>	<i>(Zip)</i>
Legal Custodian				Telephone: Res.:		
				Telephone: Bus.:		
Custodian's Address						
	<i>(Street)</i>	<i>(Apt#)</i>	<i>(City)</i>	<i>(County)</i>	<i>(State)</i>	<i>(Zip)</i>
Complaint:						
		<i>(Code Section)</i>	<i>(Misd/Fel)</i>	<i>(Date of Offense)</i>		
Complaint:						
		<i>(Code Section)</i>	<i>(Misd/Fel)</i>	<i>(Date of Offense)</i>		
Complaint:						
		<i>(Code Section)</i>	<i>(Misd/Fel)</i>	<i>(Date of Offense)</i>		
Taken Into Custody	Yes () No ()					
By Whom:		<i>(Name)</i>	<i>(Agency)</i>			
Placement of Dependent Child				Date:		
				Time:		
Person Notified By:				Date:		
				Time:		
				Via:		
Detained:	Yes () No ()	Place	Date:			
Authorized by:		Detained	Time:			
Released To:				Date:		
Relation:				Time:		
Co-Perpetrators:						
<i>(Name and Age)</i>						
Co-Perpetrators:						
<i>(Name and Age)</i>						
Victim's Name				Phone #		
Victim's Address:						
Victim's Name				Phone #		
Victim's Address:						

Name of Child _____

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

Investigating Officer:

Agency:
P.D. Report #

Phone #

Complainant's
Name: _____

Complainant's
Address: _____

Signature(s): _____

Date _____

Phone: _____

**PETITION
(PRIVATE DEPENDENCY)**

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

IN THE INTEREST OF:

_____, SEX ____ DOB: _____, FILE# _____ CASE# _____

_____, SEX ____ DOB: _____, FILE# _____ CASE# _____

_____, SEX ____ DOB: _____, FILE# _____ CASE# _____

_____, SEX ____ DOB: _____, FILE# _____ CASE# _____

CHILD(REN) UNDER 18 YEARS OF AGE

Your Petitioner alleges the child(ren) named above to be of the sex(es) and age(s) and to have the name(s) there set forth above; that the (Putative) father of said child(ren) is _____, who resides at _____, the mother is _____, who resides at _____, said child(ren) reside(s) at _____, in said county and state, and is/are in the custody and control of _____, who reside(s) at said place; that the said child(ren) is/are subject to the jurisdiction of this Court; that said child(ren) is/are in need of protection of this Court and is/are dependent (O.C.G.A.15-11-2(8)) due to the following conditions:

That said child(ren) was/were (not) taken into custody under the provisions of O.C.G.A. 15-11-45. That it is in the best interest of the child(ren) and the public that this proceeding be brought. That the physical location of the child(ren) at the time of the filing of the Petition is/are _____.

Petitioner prays that process issue, directed to the parties hereto, requiring them to appear before this Court to answer the allegations of this Petition.

Petitioner

Subscribed and sworn to before me, on information and belief this ____ day of _____, 20____.

Attesting Officer

The above Petition is approved to be filed in the best interest of the public and the above named child(ren).

This ____ day of _____, 20____.

Court Designee

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

IN THE INTEREST OF: _____)

A Child. _____)

FILE NUMBER: _____

CONSENT - TEMPORARY CUSTODY AND CONTROL

I, _____, (mother) (father) (legal custodian) of the above-named child, acknowledge receipt of a copy of:

- () The Petition filed by or on behalf of _____ in the Juvenile Court of Paulding County, Georgia, on the ____ day of _____, 20____, alleging the above-named child to be dependent and requesting that temporary custody and control of said child be awarded to _____.
- () The Complaint dated _____ prepared by _____ alleging the above-named child to be dependent and requesting that temporary custody and control of said child be awarded to _____.
- () The Motion for Extension filed by _____ in the Juvenile Court of Paulding County, Georgia, on the ____ day of _____, 20____, alleging _____.
- () Other (Specify): _____.
- () The Summons requiring my attendance at a Hearing set for the ____ day of _____, 20____, in the Juvenile Court of Paulding County, Georgia. I specifically acknowledge service of summons and waive any and all further notice on this matter if the (Petitioner) (Complainant) (Movant's) request is granted.

I, the (mother) (father) (legal custodian) of said child, acknowledge that I have a right to legal counsel in this matter and a right to a Hearing.

- () I waive my right to legal counsel.
- () I acknowledge that I have legal counsel with whom I have discussed this consent.

I waive my right to be present at any hearing on this matter and specifically waive all further notice and summons of hearing. I hereby submit to the jurisdiction of the Court.

I request that the prayers of the (Petitioner) (Complainant) (Movant) be granted and state that I am unable to provide for said child at this time. I do hereby state that I oppose any agency or person other than _____ obtaining legal custody of said child and request that should _____ be unable to provide for said child or be unable to obtain temporary custody of said child, I request that the matter be continued to allow me to be present to state my objections to placement of said child.

I specifically acknowledge that I understand that custody of my child may not automatically be returned to me and that a Hearing may be necessary to determine my fitness to regain custody of my child.

I hereby certify that I have not been subjected to any duress or undue pressure and freely and voluntarily consent to said child being placed in the temporary custody and control of _____ until I am able to care for (him) (her).

I further state that as of this date my address is: _____

This ____ day of _____, 20 ____.

(Signature)

Before the undersigned officer appeared _____ with whom I am personally acquainted, and after having been duly sworn, (he) (she) did personally subscribe (his) (her) name to the within document.

This ____ day of _____, 20 ____.

NOTARY PUBLIC/COURT DESIGNEE (Must Affix Seal)