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In the Matter of: _____ **DOB** _____ **RACE** _____ **SEX:** _____
(Child's full legal name)

Height _____ **Weight:** _____ **Eyes** _____ **Hair:** _____ **SSN:** _____

The Child's mailing address is: _____
(Child's address, city, state and zip code)

The Child's street address is: _____
(Child's address, city, state and zip code)

The Child lives with: _____
(Name and relationship to child)

The name of the Child's father is: _____	()	_____
<small>(Father's full legal name)</small>		<small>(Father's phone number)</small>
The Father's mailing address is: _____		
<small>(Father's address, city, state and zip code)</small>		
The Father's street address is: _____		
<small>(Father's address, city, state and zip code)</small>		

The name of the Child's mother is: _____ () _____
(Mother's full legal name) (Mother's phone number)

The Mother's mailing address is: _____
(Mother's address, city, state and zip code)

The Mother's street address is: _____
(Mother's address, city, state and zip code)

Legal/Physical Custody of the Child is currently vested in: _____	()	_____
<small>(Legal Custodian's name)</small>		<small>(Legal Custodian's phone number)</small>
Legal/Custodian's mailing address: _____		
<small>(Legal Custodian's address, city, state and zip code)</small>		
Legal Custodian's street address: _____		
<small>(Legal Custodian's address, city, state and zip code)</small>		

My Name is: _____ My telephone number is: (H) _____
(Complainant's Name)

My Relationship to the Child is: _____ (W) _____
(i.e. Maternal Aunt, Paternal Grandfather, etc.) [Complainant's phone number(s)]

My mailing address is: _____
(Complainant's address, city, state and zip code)

My street address is: _____
(Complainant's address, city, state and zip code)

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The Child is **DEPENDENT** and is **IN NEED OF CARE OR SUPERVISION** for the reason(s) checked below:
(Check at least one of the types of dependency listed below)

<input type="checkbox"/>	Whose parent, legal guardian, legal custodian, or other custodian subjects the child or any other child in the household to abuse, as defined in subdivision (2) of Section 12-15-301 as harm or the risk of harm to the emotional, physical health, or welfare of a child. Harm or the risk of harm to the emotional, physical health, or welfare of a child can occur through non-accidental physical or mental injury, sexual abuse, or attempted sexual abuse or sexual exploitation or attempted sexual exploitation.
<input type="checkbox"/>	Whose parent, legal guardian, legal custodian, or other custodian subjects the child or any other child in the household to neglect as defined in subdivision (4) of Section 12-15-301 as the negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, medical treatment, supervision, education, clothing or shelter.
<input type="checkbox"/>	The child is without a parent, legal guardian, or legal custodian willing and able to provide for the care, support or education of the child.
<input type="checkbox"/>	Whose parent, legal guardian, legal custodian or other custodian neglects or refuses, when able to do so or when the service is offered without charge, to provide or allow medical, surgical, or other care necessary for the health and well-being of the child.
<input type="checkbox"/>	Whose parent, legal guardian, legal custodian, or other custodian fails, refuses, or neglects to send the child to school in accordance with the terms of the compulsory school attendance laws of this state.
<input type="checkbox"/>	Whose parent, legal guardian, legal custodian, or other custodian has abandoned the child, as defined in subdivision (1) of Section 12-15-301 as the voluntary and intentional relinquishment of the custody of a child by a parent, or a withholding from the child, without good cause or excuse, by the parent or his or her presence, care, love, protection, maintenance, or the opportunity for the display of filial affection, or the failure to claim the rights of a parent, or perform the duties of a parent.
<input type="checkbox"/>	Whose parent, legal guardian, legal custodian, or other custodian is unable or unwilling to discharge his or her responsibilities to and for the child.
<input type="checkbox"/>	Who has been placed for care or adoption in violation of the law.
<input type="checkbox"/>	Who, for any other cause, is in need of the care and protection of the state.
<input type="checkbox"/>	Petition to terminate Parental Rights: <ul style="list-style-type: none"> <input type="checkbox"/> There is no viable alternative to termination of parental rights. <input type="checkbox"/> Petitioner is willing and able to assume permanent legal custody. <input type="checkbox"/> Child is adoptable or termination is in the best interest of the child. <input type="checkbox"/> Other: _____

The Child's dependency is evidenced by the following facts: *(Describe the specific events or conditions that cause the child to be dependent and, (if applicable, reasons child should be removed immediately.)*

If complainant is DHR representative, list name of attorney for agency: _____

CUSTODY AFFIDAVIT

The child has lived with the following persons during the last five (5) years: *(List the complete names and addresses with dates.)*

Name	Address	City	State	Zip Code	Dates From and To:

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Select appropriate answer and explain below, if necessary:

- 1) I have have not participated as a party, witness, or in any other capacity, in any other litigation concerning custody of said minor child in this or any other State.
- 2) I do do not have any information of any custody proceeding concerning said child pending in a Court of this or any other State.
- 3) I do do not know of any other person, not a party to the proceeding, who has physical custody of said minor child or claims to have custody or visitation rights with respect to said minor child.

If you selected the first box to any of the previous questions 1), 2) or 3), please explain:

CHECK APPLICABLE INFORMATION:

To my knowledge, Paternity proceedings or Legitimation proceedings have never been initiated and the alleged father has had no recent contact with the child(ren) made subject of the Dependent Petition.

To my knowledge, Paternity proceedings or Legitimation proceedings were filed:

(Location of Court) (Approximate Date of Filing)

I have no knowledge of the whereabouts of: Mother Father Alleged Father

IF PETITIONER INDICATED NO KNOWLEDGE OF WHEREABOUTS OF THE PARENT, THE FOLLOWING MUST BE COMPLETED:

- I have made the following efforts to locate the whereabouts of said child's parents: *Detail all efforts made to locate mother, legal father or alleged father.*
- Mother: _____
- Father: _____
- The last contact I had with _____ was _____
- (Mother's name) (Approximate date)
- To my knowledge, her last known mailing address was: _____
- Her last known residence address was: _____
- The last contact I had with _____ was _____
- (Alleged Father's name) (Approximate date)
- To my knowledge, his last know mailing address was: _____
- His last know residence address was: _____
- Copy of Child's birth certificate is attached. Copy of parent's divorce decree is attached.
- _____

I swear that I am informed and believe and state upon such information, knowledge, and belief that the foregoing allegations and facts are true.

Date

Complainant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME

Date

Intake Officer