

971 Broad Street, Second Floor
Augusta, GA 30901
(706) 821-1185

Chief Judge Tianna M. Bias
Judge Rahmaan A. Bowick
Judge William M. Fleming
Judge Katrell Nash

**RICHMOND COUNTY JUVENILE COURT
CHINS INTAKE UNIT**



CHINS REFERRAL PACKET

You are receiving this packet because you are concerned about a juvenile and believe the child may need services provided by the Juvenile Court. Any person who has general knowledge of a child in need of services may submit a CHINS complaint. Once completed, please email the form to **CHINS@augustaga.gov**. The CHINS Intake Unit will review the complaint, schedule the family for an informal review meeting, and work to divert the youth and family to the appropriate community-based services and supports. For cases that cannot be resolved informally, the parent/guardian will be scheduled for court.

Thank you for making a referral to Juvenile Court and partnering with us to support the safety, stability, and well-being of children and families.

CHINS Complaint Filing Process:

Submit packet via email to CHINS@augustaga.gov or you can bring a physical copy to the second floor of the Juvenile Court Office located at 971 Broad Street, Second Floor, Augusta, GA 30901.

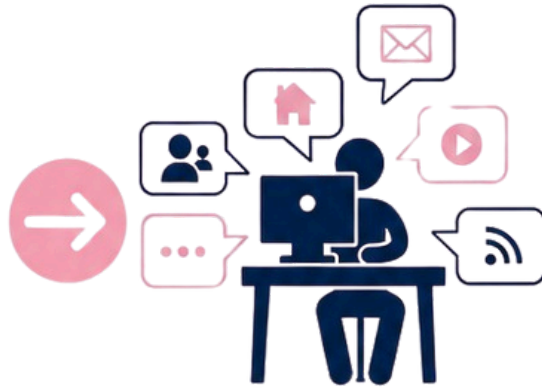
JUVENILE COURT OF THE AUGUSTA JUDICIAL CIRCUIT

RICHMOND AND BURKE COUNTIES

CHINS FLOW CHART



CHINS COMPLAINT SENT TO
CHINS@AUGUSTAGA.GOV



WITHIN FIVE DAYS OF RECEIPT, THE CHINS COORDINATOR
DETERMINES IF FAMILY/CHILD IS INVOLVED WITH DFCS OR DJJ
AND THE CHINS PROSECUTOR FILES THE COMPLAINT WITH THE
CLERK OF COURT



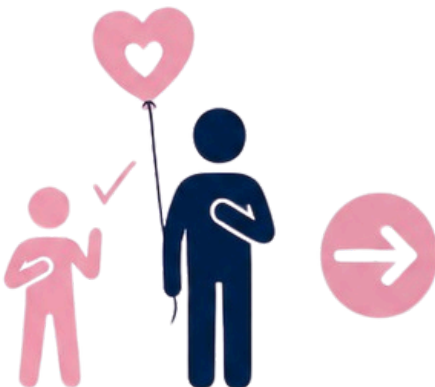
COORDINATOR CONTACTS
COMPLAINANT AND INTERVIEWS
FAMILY



PROSECUTOR, COORDINATOR AND
PARTNER AGENCIES STAFF CASE PRIOR
TO COURT TO OUTLINE
RECOMMENDATIONS



CASE RESOLVED THROUGH AGREEMENT
OR DISPOSITION; COORDINATOR AND
DIVERSION DIRECTOR PROVIDE
ONGOING SUPERVISION



FAMILY RECEIVES SERVICES FOR 90 DAYS
COMPLIANT: IF FAMILY IS COMPLIANT AND ISSUE ADDRESSED, CHINS
SUPERVISION MAY END.

IF NON-COMPLIANT, FAMILY WILL BE PLACED ON DOCKET TO ADDRESS
ONGOING NEEDS OF THE CHILD.

**CHILDREN IN NEED OF SERVICES (CHINS)
COMPLAINT
IN THE JUVENILE COURT OF
RICHMOND COUNTY, GEORGIA**

Complaint # _____ Case #: _____
Name: (Last, F, M) _____ Age: _____
AKA: _____ DOB: _____
Race: _____ Lives _____ Phone Res: _____
Sex: _____ With: _____ Phone Bus: _____
School: _____
Grade: _____ SS#: _____
Child's
Address: _____
(Street) (City) (County) (State) (Zip)

Does the child receive special education services? If so, explain: _____

Mother's Phone Res: _____
Name: Phone Bus: _____
(include Mother's Maiden Name in Parenthesis)

Mother's
Address: _____
(Street) (City) (County) (State) (Zip)

Father's Phone Res: _____
Name: Phone Bus: _____

Father's
Address: _____
(Street) (City) (County) (State) (Zip)

Legal Phone Res: _____
Custodian: Phone Bus: _____

Custodian's
Address: _____
(Street) (City) (County) (State) (Zip)

Other household members and their DOB. If none of the preceding applies, adult relative nearest the Court.:

Taken into Custody: Yes () No ()

By Whom: _____
(Name) (Agency)

Placement of Date: _____

Dependent Child: Time: _____

Person Notified: Date: _____

By: Time: _____

Detained: Yes () No () Via: Date: _____

Authorized By: Place Time: _____

Released To: Detained: Date: _____

Relation: Time: _____

CHINS TYPE: ()Truant ()Runaway [w/o just cause and w/o consent & absent for 24+hours]
 ()Habitually disobedient of reasonable/lawful commands of legal custodian and ungovernable OR
 places him/herself or others in unsafe circumstances ()Wanders/loiters 12AM-5AM ()Disobeys
 terms of supervision in court order ()Patronizes any bar where alcoholic beverages are being sold
 unaccompanied by legal custodian OR possesses alcoholic beverages ()Status Offense

1. State the facts supporting this court's jurisdiction including venue (where acts took place or in county where child legally resides):

2. State the reason why this complaint is in the best interest of the child: _____

3. All available and appropriate attempts to encourage voluntary use of community services by such child's family have been exhausted? (Yes/No): _____

4. State the name of any public institution or agency having the responsibility or ability to supply services alleged to be needed by said child: _____

5. Is any information required by OCGA § 15-11-390(b) unknown? If so, what?

Investigating
Officer:

Agency:
P.D. Report #:

Phone #:

Complainant's
Name: _____

Complainant's
Address: _____

Signature:

Date:

Phone: () _____

Cell: () _____