

**COMPLAINT, NON-SCHOOL
FAMILY WITH SERVICE NEEDS**

JD-JM-120 Rev. 4-12
C.G.S. § 46b-120 46b-149, 07-04

STATE OF CONNECTICUT
SUPERIOR COURT
JUVENILE MATTERS
www.jud.ct.gov



PRINT OR TYPE. If necessary, attach additional information.

TO: The Superior Court, Juvenile Matters

| | | | |
|---|---------------------|--|---------------|
| Address of Court | | Docket number | |
| Name of child | Address of child | Sex | Date of birth |
| Child's race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Other | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Indian tribe/reservation, if any | School/grade | | |
| Name of mother | Address of mother | | |
| Mother's telephone numbers: Home: _____ Work: _____ Cell: _____ | | | |
| Name of father | Address of father | | |
| Father's telephone numbers: Home: _____ Work: _____ Cell: _____ | | | |
| Name of guardian, if any | Address of guardian | | |
| Guardian's telephone numbers: Home: _____ Work: _____ Cell: _____ | | | |

Complaint

I believe that the above family is a family with service needs because it includes the child who:
("X" appropriate box(es))

A. Has run away from his or her parental home or other properly authorized and lawful place of abode without just cause.

| | | |
|----------------------------------|--------------|---------------------|
| When (Date) | For how long | To where (If known) |
| Previous history of running away | | |

"X" here if the child has been missing for more than twenty-four (24) hours at the time of this complaint

"X" here if you have contacted the police and reported the child as missing.

B. Is beyond the control of his or her parent(s), guardian or other custodian. (Describe behavior and date(s) of event(s))

C. Has engaged in indecent or immoral conduct. (Describe behavior and date(s) of event(s))

D. Is 13 years old or older and has had sexual intercourse with another person and the other person is 13 years old or older and not more than two years older or younger than the child.

Additional Information

Please provide information regarding the following, if available:

Current mental health diagnosis of the child (If known) _____

1. Has the child received help for problem behaviors in the past?

No Yes (when and where): _____

2. Does the child currently take any medications?

No Yes (specify): _____

3. Does the child currently see a therapist?

No Yes (specify clinician's name): _____

