

COURT AUTHORIZATION:Wayne County Department of Children and Family Services
Juvenile Services Division**AT-RISK JUVENILE COMPLAINT**
(For Child Care Fund Eligibility)**Forward To: WAYNE COUNTY 3RD CIRCUIT COURT – FAMILY DIVISION**

REFERRAL SOURCE							
<input type="checkbox"/> Inkster School (SRO / SW)				<input type="checkbox"/> Inkster In School Suspension (WWCMO)			
<input type="checkbox"/> Abayomi C.D.C. (YAP)				<input type="checkbox"/> River Rouge (SRO / SW)			
<input type="checkbox"/> Matrix Human Services (YAP)				<input type="checkbox"/> Don Bosco Hall (YAP)			
<input type="checkbox"/> Conference of Western Wayne (YAP)				<input type="checkbox"/> Southwest Detroit Counseling & Development (YAP)			
<input type="checkbox"/> Downriver Community Conference (YAP)				<input type="checkbox"/> The Guidance Center (YAP)			
<input type="checkbox"/> Blanche Kelso Bruce Academy							
Juvenile's Name: (Last)				First:		Middle:	
DOB:		Sex:	Race:	Member of or eligible for membership in American Indian Tribe or Band:			
Height:	Weight:	Eye Color:	Hair Color:	School/District:		Municipality and County of Residence:	
Complaint Initiated By:				Relationship:			
Father's Name:			Address:		Home Phone:	Work Phone:	
Mother's Name:			Address:		Home Phone:	Work Phone:	
Stepfather's Name:			Work Phone:	Stepmother's name:			Work Phone:
Guardian/Custodian's Name:			Address:		Home Phone:	Work Phone:	
Divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Divorce:		Place of Divorce: (county, state)			
Custody to: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (name and address):							
Child living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Other:							
Complainant's signature:						Date	
Print or type name:			Address/Agency:			Telephone Number:	
Date 3rd Circuit Court Registration Completed (<u>Non-YAP</u>):				Date Court JAC JAIS Registration Completed:			

Please forward all complaints to:**Court JAC**
1025 E. Forest – Bldg. B, Room 320
Detroit, Michigan 48207
Fax Number: (313) 833-5973