

**FAMILIES IN NEED OF SERVICES (FINS) JUVENILE COMPLAINT REFERRAL**

FAMILIES IN NEED OF SERVICES  
 303 EAST THOMAS STREET  
 HAMMOND, LA 70401  
 PHONE: (985) 543-3290  
 FAX: (985) 543-3294

STATE OF LOUISIANA  
 IN THE INTEREST OF:

DATE \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_  
Last First

Address \_\_\_\_\_  
Physical Address City State Zip

Address \_\_\_\_\_  
Mailing Address City State Zip

Grade Level \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

School \_\_\_\_\_ **SpecialEd?:** Yes No **IEP:** Yes No **Previous Grade(s) Failed:** Yes No  
List Grades

Legal Guardian \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_  
 Biological Mother Last First

Address \_\_\_\_\_  
Mailing Address City State Zip

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_  
 Biological Father Last First

Address \_\_\_\_\_  
Mailing Address City State Zip

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Marital Status of Biological Parents: \_\_\_\_\_ (Married, Separated, Divorced, Never Married)

Others in Home: DOB; \_\_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ Relationship \_\_\_\_\_ Social Security# \_\_\_\_\_

Article 730 Grounds: Please be specific. Allegation that a family is in need of services must assert one or more of the following:

<u>PRIMARY</u>	<u>SECONDARY</u>	<u>GROUND(S)</u>
<input type="checkbox"/>	<input type="checkbox"/>	Child is Truant
<input type="checkbox"/>	<input type="checkbox"/>	Caretaker Contribution to Errant Child Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Caretaker is Failing to Provide for Child
<input type="checkbox"/>	<input type="checkbox"/>	Child is a Runaway
<input type="checkbox"/>	<input type="checkbox"/>	Child has Broken Curfew
<input type="checkbox"/>	<input type="checkbox"/>	Child has Used Tobacco Products
<input type="checkbox"/>	<input type="checkbox"/>	Child has Violated a Local Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Child is Ungovernable
<input type="checkbox"/>	<input type="checkbox"/>	Committed Adult Crime Act at 10 Years or Less
<input type="checkbox"/>	<input type="checkbox"/>	Deceived Age to Purchase/Receive Alcohol
<input type="checkbox"/>	<input type="checkbox"/>	Loitered Around Places Selling Alcoholic Beverages
<input type="checkbox"/>	<input type="checkbox"/>	Possession of Handgun/Automatic Weapon
<input type="checkbox"/>	<input type="checkbox"/>	Repeated Possession/Consumption of Intoxicating Beverage
<input type="checkbox"/>	<input type="checkbox"/>	Willful and Repeated Violation of School Rules
<input type="checkbox"/>	<input type="checkbox"/>	Willful Caretaker Fail in School Meetings

**PLEASE ATTACH ANY AND ALL DOCUMENTATION RELATIVE TO THIS COMPLAINT.**

**IMPORTANT**

I, the below-signed complainant, do by this act make allegations of facts that the above named child/children and family is a Family In Need of Services as set forth in the Louisiana Children's Code.

Referred By \_\_\_\_\_

Signature of Complainant \_\_\_\_\_

FINS Officer \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_All available and appropriate attempts to encourage voluntary use of community services by the family have been exhausted.

\_\_\_\_Family/Guardian/Caretaker has voluntarily refused assistance and/or services from Families In Need of Services.

PARENT/GUARDIAN: \_\_\_\_\_ FINS Officer: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_