

STATE OF MICHIGAN JUDICIAL CIRCUIT-FAMILY DIVISION LIVINGSTON COUNTY	COMPLAINT (REQUEST FOR ACTION) Incorrigibility	CASE NO.
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Last

First

Middle

1. In the matter

2. Date of birth		3. Sex	4. Race	5. ____ Member of or eligible for membership in American Indian Tribe or Band. Tribe/ Band:	
6. Height	7. Weight	8. Eye color	9. Hair color	10. School/District	11. Municipality and county of residence

BASIS FOR REFERRAL

12. Brief statement of the allegations, including citations and date, time, and location of offense

Said child is repeatedly disobedient to the reasonable and lawful commands of his/her parents, guardians, or custodians, to wit:

and there is clear and convincing evidence that Court accessed services are necessary.

Juvenile's Social Security Number: _____ Mother's Social Security Number: _____
 Father's Social Security Number: _____ Mother's maiden name: _____

SOCIAL INFORMATION				
14. Father's name		Address	Home phone	Work phone
15. Mother's name		Address	Home phone	Work phone
16. Stepfather's name		Work phone	17. Stepmother's name	
18. Guardian/Custodian's name		Address	Home phone	Work phone
19. Divorced? No Yes		Date of divorce:	Place of divorce: (county, state)	

20. Custody to: Father Mother Other (state name and address):

21. Child living with: Father Mother Stepfather Stepmother Other:

REQUEST 22. I request that:

APPROVED BY: _____

___ a. a petition be authorized.

Intake Worker

___ b. the court review the information and make an appropriate disposition.

I declare that this complaint has been examined by me and that its contents are true to the best of my information, knowledge, and belief. I understand that Court Costs and Fees may be assessed even if this complaint is later withdrawn.

Complainant's signature		Date
Print or type name	Address/Agency	Telephone no.

