

## UNGOVERNABLE CHILD COMPLAINT

- ▶ Only a parent or guardian of a child can make this complaint.
- ▶ All complaints about children must be made in writing.

**Please type or print clearly. If your child is committing acts which would be considered criminal in nature a report should be made to the appropriate law enforcement agency.**

Child's Full Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_  
Living with (Names) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Below, give the date, time and description of each incident. Please list them in the order that they happened. These facts must be what you, the complainant, saw and heard, not what someone else has told you. Use the back of the form or additional sheet of paper if necessary.

I, \_\_\_\_\_ claim that \_\_\_\_\_ my son/daughter is  
An ungovernable child. My claim is based on the above facts. I would like the Probation Department to  
help in the following way:

Where have you gone for help before? \_\_\_\_\_  
Will you participate in family counseling? Yes ( ) No ( )  
Are you willing to make changes in how you handle family problems? Yes ( ) No ( )

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
I affirm under the penalties for perjury that the foregoing representations are true.

**Return form to:**  
Juvenile Probation Department  
1000 South Michigan St  
South Bend, IN 46601

Signed: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Are you the legal guardian? Yes ( ) No ( )

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone- (574) 235-5437