



Maryland DEPARTMENT OF JUVENILE SERVICES CINS COMPLAINT FORM

DEPARTMENT OF JUVENILE SERVICES

Child's Full Name: _____ DOB: _____

Address: _____

City/Town _____ County: _____ Zip Code: _____

Phone Number: _____

Gender: _____ Race: _____ Ethnicity: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

School: _____ Grade: _____ IEP/504: _____

Mother/Guardian's Name: _____ Father's Name: _____

Email Address: _____ Email Address: _____

Address: _____ Address: _____
(If different from above) (If different from above)

Mother Phone: _____ Father Phone: _____

Living With if other than above (Name and Address): _____

The child is alleged to be in need of supervision because (s)he (check all that apply):

- Is required by law to attend school and is habitually truant (as defined by MSDE)
- Is habitually disobedient, ungovernable, and beyond the control of the person having custody of him/her
- Acts in a way that is dangerous to self or others
- Has committed an offense applicable only to children (e.g., runaway, alcohol violation).
- Under 13 years of age: Motor Vehicle Theft

Description of alleged act(s): *(Include location, date, time) attach additional page(s) and supporting documentation as necessary.*

SUBMITTED BY: _____ DATE: _____

Print Name and Title if Applicable

Complaint Source: _____

Agency (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone #: _____ Email: _____

Youth currently receiving therapy services: Y/N

Name of Therapist and Contact Information: _____

I solemnly affirm under the penalties of perjury that the contents of this CINS Complaint Form are true to the best of my knowledge, information, and belief.

Signature

The rest of this page is left blank intentionally