

Date of Comp: 28-SEP-16

Case # 16J00001

File # @00001

Medical Alert: Yes  No  ( ) (Name) (I.D.#)  
 Current Worker: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**JUDGE REINHOLD**

Cross

Child's Name: SMITH, BILLY [@00001]

Age: 5

Aka:

Aka:

Aka:

Dob: 01-JAN-11

Sex: M

Race: Black

Ht:

Wt:

Hair: Black

Eyes: Brown

Child's Address:

1234 Main Street

Stone Mountain

Dekalb

GA 30088

Lives with:

Relationship:

Phone:

Res: (678) 5550000

Employed: Yes ( ) No ( )

SSN:

School: Not In School

Grade:

Mother's Name: SMITH, SALLY

Res: (678) 5550000

Bus:

Mother's Address:

1234 Main Street

Stone Mountain

DeKalb

GA 30088

Father's Name

Res:

Bus:

Father's Address:

Legal Custodian: SMITH, SALLY

Res: (678) 5550000

Bus:

Mother's Address:

1234 Main Street

Stone Mountain

DeKalb

GA 30088

Complaint(s)

Code Section

Mis/Fel

Offense Date

1 DEPRIVED W-O PARENT-CARE-CONR

7001

28-SEP-16

COMPLAINT – Page 2

Case # 16J00001  
File # @00001  
Name: SMITH, BILLY

---

**Details of Offense:**

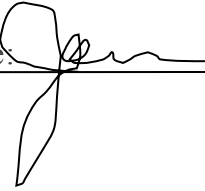
1. IN DEKALB COUNTY, GEORGIA, ON OR ABOUT SEPTEMBER 28, 2016, SAID CHILD IS DEPENDENT PURSUANT TO O.C.G.A. (15-11-2(8)) DUE TO THE FOLLOWING ACCORDING TO DFCS WORKER JONES THE BIOLOGICAL MOTHER, SALLY SMITH, HAS NO STABLE HOUSING. THE CHILDREN WERE PLACED WITH SAFETY RESOURCE RECENTLY, ONE OF THE SAFETY RESOURCE MEMBERS TESTED POSITIVE FOR MARIJUANA.

---

Investigating Officer: Agency/P.D. Rpt# Phone:

---

Complainant's Name: Address:  
JONES, SUE [JONES] 178 SAMS STREET  
Decatur DeKalb GA 30030

Signature:  Date: 28-SEP-16 Phone: (Res.) (Bus.)

---