

**AFFIDAVIT OF EFFORTS**

IN THE JUVENILE COURT OF  
DEKALB COUNTY, GEORGIA

File Number \_\_\_\_\_

In the interest of

\_\_\_\_\_, Sex \_\_\_\_\_, Age \_\_\_\_\_, DOB \_\_\_\_\_ Case # \_\_\_\_\_

\_\_\_\_\_, Sex \_\_\_\_\_, Age \_\_\_\_\_, DOB \_\_\_\_\_ Case # \_\_\_\_\_

\_\_\_\_\_, Sex \_\_\_\_\_, Age \_\_\_\_\_, DOB \_\_\_\_\_ Case # \_\_\_\_\_

\_\_\_\_\_, Sex \_\_\_\_\_, Age \_\_\_\_\_, DOB \_\_\_\_\_ Case # \_\_\_\_\_

\_\_\_\_\_, Sex \_\_\_\_\_, Age \_\_\_\_\_, DOB \_\_\_\_\_ Case # \_\_\_\_\_

I do hereby state that no services were provided to this family to make it possible for the child(ren) to return home prior to removal of the child(ren) because the child(ren) face imminent danger and could not be protected from this danger in the home without removal, to wit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
PHONE #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Subscribed and sworn to before me, on the information and belief, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
COURT DESIGNEE

\_\_\_\_\_  
POSITION