STATE OF N	IORTH C	CAROLINA		F	ile No.			
		County		In The General Court Of Justice District Court Division				
	IN THE MA	ATTER OF						
Name And Address Of Juve	enile							
				JUVENILE PETITION (ABUSE/NEGLECT/DEPENDENCY)				
Juvenile's Date Of Birth	Age	Race	Sex			G.S. 7B-101, -400, -402		
Name Of Petitioner			Co	ndition Alleged Abused	Neglected	Dependent		
I have sufficient kno	wledge or info	ormation to helieve	that a case has ari			the court, and therefore		
allege that:	wicage or inite	ornation to believe	o triat a case rias ari	seri triat irrones trie	javernie janisaiction of	the court, and therefore		
			at the address show	n above, was found	in the district as allege	ed herein, or venue		
exists pursuant to			out in the <b>Affidavit</b> A	As To Status Of Mi	nor Child (AOC-CV-6	<b>09)</b> which is attached		
hereto and incorp			out in the Amauvit A	AS TO Clatas Of IIII	illor Ollila (AOO-OV-O	ooj, which is attached		
3. The names, addre	esses, and tel	ephone numbers	of the juvenile's pare	ents, guardian, cust	odian, or caretaker are	as follows:		
	Name		Relationship/Title		Address	Telephone No.		
•	abused juver	nile, neglected juv	enile, or dependent j	uvenile, as alleged	more specifically below	N: (Check only the blocks		
that apply.)  ☐ Δ The iuveni	le is an ARIIS	SED JUVENILE, i	n that:					
				nas inflicted or allow	ved to be inflicted on th	e juvenile a serious		
phys	ical injury by	other than accide	ntal means.					
			odian, or caretaker h er than accidental m		red to be created a sub	stantial risk of serious		
			odian, or caretaker has to modify behavior.		to be used upon the ju	uvenile cruel or grossly		
			odian, or caretaker hupon the juvenile in			he commission of a sex		
5. the ju	•	•				us emotional damage to		
6. the ju	uvenile's pare			nas encouraged, dir	ected, or approved of o	delinquent acts involving		
111012	•	mmitted by the ju		C S 14 42 15				
∏ 7 the ii	uvenile is a m	ILIOL AICHILL OF ULLU	ian trafficking under	G.S. 14-45.10				
		t (date or time period	nan trafficking under	G.S. 14-43.15.	· (State facts	supporting allegations that		

<ul> <li>□ B. The juvenile is a NEGLECTED JUVENILE, in that the juvenile:</li> <li>□ 1. does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker.</li> <li>□ 2. has been abandoned.</li> <li>□ 3. is not provided necessary medical care.</li> <li>□ 4. is not provided necessary remedial care.</li> <li>□ 5. lives in an environment injurious to the juvenile's welfare.</li> <li>□ 6. has had his/her custody unlawfully transferred under G.S. 14-321.2.</li> <li>□ 7. has been placed for care or adoption in violation of law.</li> <li>□ 8. is a minor victim of human trafficking under G.S. 14-43.15.</li> <li>Specifically, on or about (date or time period): (State facts supporting allegations that the juvenile is a neglected juvenile as indicated above. Attach additional pages if necessary.)</li> </ul>										
<ul> <li>□ C. The juvenile is a DEPENDENT JUVENILE, in that:</li> <li>□ 1. the juvenile needs assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision.</li> <li>□ 2. the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.</li> <li>Specifically, on or about (date or time period)</li></ul>										
		ort to hear the case to ervision of the State	o determine whether	the allega	tions are true a	and whether the j	uvenile is in need o	of the care,		
				VERIFI	CATION					
Being first duly sworn, I say that I have read this Petition and that the same is true to my own knowledge, except as to those matters alleged upon information and belief, and as to those, I believe it to be true.										
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME					Name And Addre	ss Of Petitioner				
Date Signature Of Person Authorized To Administer Oaths										
Deputy CSC Clerk Of Superior Court District Court Judge					Signature Of Petitioner					
Assistant CSC Magistrate  Date My Commission Expires  Notary					Telephone No.					
County Where Notarized					Director	Authorized Rep	resentative Of Director			
SEAL								rtment of Social Services		
			SIGNATURE	OF ATT		· · · · · · · · · · · · · · · · · · ·				
Date		Signature Of Attorney			Name And Addre	ss Of Attorney				
WITNESS(ES)										
Name					Address		Telephone No.			