STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Juvenile

Juvenile's Date Of Birth	*Age*	*Race*	*Sex*

JUVENILE PETITION
(ABUSE/NEGLECT/DEPENDENCY)

G.S. 7B-101, -400, -402

Name Of Petitioner

Condition Alleged
☐ Abused ☐ Neglected ☐ Dependent

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)
☐ No ☐ Yes: *(explain)*

I have sufficient knowledge or information to believe that a case has arisen that invokes the juvenile jurisdiction of the court, and therefore allege that:

1. The juvenile named above resides in the district at the address shown above, was found in the district as alleged herein, or venue exists pursuant to G.S. 7B-400(a) or (b).
2. The information required by G.S. 50A-209 is set out in the **Affidavit As To Status Of Minor Child (AOC-CV-609)**, which is attached hereto and incorporated herein by reference.
3. The names, addresses, and telephone numbers of the juvenile's parents, guardian, custodian, or caretaker are as follows:

Name	Relationship/Title	Address	Telephone No.

4. The juvenile is an abused juvenile, neglected juvenile, or dependent juvenile, as alleged more specifically below: *(Check only the blocks that apply.)*

☐ A. The juvenile is an **ABUSED JUVENILE**, in that:

- ☐ 1. the juvenile's parent, guardian, custodian, or caretaker has inflicted or allowed to be inflicted on the juvenile a serious physical injury by other than accidental means.
- ☐ 2. the juvenile's parent, guardian, custodian, or caretaker has created or allowed to be created a substantial risk of serious physical injury to the juvenile by other than accidental means.
- ☐ 3. the juvenile's parent, guardian, custodian, or caretaker has used or allowed to be used upon the juvenile cruel or grossly inappropriate devices or procedures to modify behavior.
- ☐ 4. the juvenile's parent, guardian, custodian, or caretaker has committed, permitted, or encouraged the commission of a sex or pornography offense by, with, or upon the juvenile in violation of the criminal law.
- ☐ 5. the juvenile's parent, guardian, custodian, or caretaker has created or allowed to be created serious emotional damage to the juvenile.
- ☐ 6. the juvenile's parent, guardian, custodian, or caretaker has encouraged, directed, or approved of delinquent acts involving moral turpitude committed by the juvenile.
- ☐ 7. the juvenile is a minor victim of human trafficking under G.S. 14-43.15.
- ☐ 8. the juvenile is a minor victim of unlawful sale, surrender, or purchase of a minor under G.S. 14-43.14.

Specifically, on or about *(date or time period)* _____: *(State facts supporting allegations that the juvenile is an abused juvenile as indicated above. Attach additional pages if necessary.)*

(See reverse side for additional allegations)

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☐ B. The juvenile is a **NEGLECTED JUVENILE**, in that:

☐ 1. the juvenile's parent, guardian, custodian, or caretaker does not provide proper care, supervision, or discipline.

☐ 2. the juvenile's parent, guardian, custodian, or caretaker has abandoned the juvenile.

☐ 3. the juvenile's parent, guardian, custodian, or caretaker has not provided or arranged for the provision of necessary medical care.

☐ 4. the juvenile's parent, guardian, custodian, or caretaker has not provided or arranged for the provision of necessary remedial care.

☐ 5. the juvenile's parent, guardian, custodian, or caretaker creates or allows to be created a living environment that is injurious to the juvenile's welfare.

☐ 6. the juvenile's parent, guardian, custodian, or caretaker has participated or attempted to participate in the unlawful transfer of custody of the juvenile under G.S. 14-321.2.

☐ 7. the juvenile's parent, guardian, custodian, or caretaker has placed the juvenile for care or adoption in violation of law.

☐ 8. the juvenile is a minor victim of human trafficking under G.S. 14-43.15.

☐ 9. the juvenile's parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Article 27A of Chapter 7B of the General Statutes.

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.)*

☐ C. The juvenile is a **DEPENDENT JUVENILE**, in that:

☐ 1. the juvenile needs assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision.

☐ 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.

Specifically, on or about *(date or time period)* _____: *(State facts supporting allegations that the juvenile is a dependent juvenile as indicated above. Attach additional pages if necessary.)*

I request the Court to hear the case to determine whether the allegations are true and whether the juvenile is in need of the care, protection, or supervision of the State.

VERIFICATION

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.

Attestation of Director/Authorized Representative of Director ***(if applicable)***

☐ I attest that this petition has been reviewed by the legal counsel for the department.

NOTE: *Attestation required when legal counsel for the department has not also signed the petition.*

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date	*Signature Of Person Authorized To Administer Oaths*

☐ *Deputy CSC* ☐ *Clerk Of Superior Court* ☐ *District Court Judge*
☐ *Assistant CSC* ☐ *Magistrate*

☐ *Notary* | *Date My Commission Expires*

SEAL | *County Where Notarized*

Name And Address Of Petitioner

Signature Of Petitioner

Telephone No.

☐ *Director* ☐ *Authorized Representative Of Director*

_____ *County Department of Social Services*

SIGNATURE OF ATTORNEY *(if applicable)*

Date	*Signature Of Attorney*	*Name And Address Of Attorney*

WITNESS(ES)		
Name	**Address**	**Telephone No.**

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