

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Juvenile

**JUVENILE PETITION
(UNDISCIPLINED)**

Juvenile's Date Of Birth

Age

Race

Sex

Name Of Complainant

G.S. 7B-1501(27), -1703, -1706, -1801, -1802

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 is under the age of eighteen (18) and committed an undisciplined act in this district.
2. The names, addresses, and telephone numbers of the juvenile's parents, guardian, or custodian are as follows:

Name	Relationship/Title	Address	Telephone No.

3. The juvenile is an undisciplined juvenile, in that on or about: *(date or time period)* _____, the juvenile
 - a. was regularly disobedient to the juvenile's parent, guardian, or custodian and beyond their disciplinary control.
 - b. was regularly found in places where it is unlawful for a juvenile to be.
 - c. ran away from home for a period of more than 24 hours.
 - d. while less than sixteen (16) years of age, was unlawfully absent from school.

Specifically, the juvenile: *(State facts supporting the alleged offense(s).)*

(See reverse side for ADDITIONAL FACTS AND CIRCUMSTANCES)

ADDITIONAL FACTS AND CIRCUMSTANCES

I request the Court to hear the case to determine whether the allegations are true and whether the juvenile is within the jurisdiction of the Court as an undisciplined juvenile.

VERIFICATION

Being first duly sworn, I say that I have read the allegations in the petition and that the same are true to my own knowledge, except as to those matters alleged upon information and belief, and as to those, I believe them to be true.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Signature Of Complainant
Date		Title Or Relationship To Juvenile (if applicable)
Signature Of Person Authorized To Administer Oaths		Agency (if applicable)
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate		Address
<input type="checkbox"/> Notary	Date My Commission Expires	City, State, Zip
SEAL	County Where Notarized	Telephone No.

WITNESS(ES)

Name	Address	Telephone No.

Date Complaint Received By Division Of Juvenile Justice Of The Department Of Public Safety

15-DAY EXTENSION OF TIME TO FILE PETITION

Pursuant to G.S. 7B-1703, at the discretion of the undersigned chief court counselor, the time to file a petition in the above captioned case is extended 15 days.

Date	Name Of Chief Court Counselor	Signature Of Chief Court Counselor
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DECISION OF COURT COUNSELOR REGARDING THE FILING OF THE PETITION

<input type="checkbox"/> 1. Approved for Filing <input type="checkbox"/> 2. Not Approved for Filing <input type="checkbox"/> a. Closed <input type="checkbox"/> b. Diverted and Retained	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	Name Of Court Counselor Giving Telephonic Approval			
	Name And Title Of Person Receiving Telephonic Approval			
Date	Signature Of Court Counselor	Signature Of Person Receiving Telephonic Approval		

Post-Diversion Approval For Filing Of Petition

<input type="checkbox"/> Approved for Filing	Date	Signature Of Court Counselor
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REVIEW BY PROSECUTOR OF DECISION NOT TO APPROVE FOR FILING

The undersigned prosecutor conducted a review pursuant to G.S. 7B-1704 and 7B-1705 of the court counselor's determination not to approve the complaint for filing and hereby authorizes does not authorize the complaint to be approved for filing.

Date Of Review	Date Petition Filed (if applicable)	Name Of Prosecutor (type or print)	Signature Of Prosecutor
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