

STATE OF NORTH CAROLINA

NC-JOIN No.

File No.

_____ County

In The General Court Of Justice
District Court Division**IN THE MATTER OF**

Name And Address Of Juvenile

**JUVENILE PETITION
(DELINQUENT)**

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

Juvenile's Date Of Birth

Age

Race

Sex

Category Of Offense

 Felony, Class _____ **Misdemeanor, Class _____, Or Infraction**

Name Of Complainant

Offense Code

Offense In Violation Of G.S.

Physical Address Of Offense, If Applicable

Date Of Offense

Time Of Offense

 AM PM

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 committed a delinquent act in this district while under the age of eighteen (18).
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 a delinquent juvenile as defined by G.S. 7B-1501(7) in that on or about the date of the offense shown above and in the county named above, the juvenile did unlawfully, willfully and feloniously (State facts supporting every element of alleged offense.)

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

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.

<i>Date</i>	<i>Name Of Chief Court Counselor</i>	<i>Signature Of Chief Court Counselor</i>
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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	<i>Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
	<i>Name Of Court Counselor Giving Telephonic Approval</i>	
	<i>Name And Title Of Person Receiving Telephonic Approval</i>	
<i>Date</i>	<i>Signature Of Court Counselor</i>	<i>Signature Of Person Receiving Telephonic Approval</i>

Post-Diversion Approval For Filing Of Petition

<input type="checkbox"/> Approved for Filing	<i>Date</i>	<i>Signature Of Court Counselor</i>
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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.

<i>Date Of Review</i>	<i>Date Petition Filed (if applicable)</i>	<i>Name Of Prosecutor (type or print)</i>	<i>Signature Of Prosecutor</i>
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