STATE	OF N	ORTH CA	ROLINA	NC-JOIN No.		File No).			
			_ County	In The General Court Of Justice District Court Division						
Name And Addro	ess Of Juve	IN THE MATT	ER OF							
						MISDEM	ENILE PETITIEANOR TRI	ESPAS	S	
Juvenile's Date	Of Birth	Age	Race	Sex			,	C 7D 4E0	14/7) 16	204 4000
Name Of Compl	ainant				Cate	egory Of Offense		G.S. 7B-150) 1(/), - 10	501, -1602
Offense Code Offense In Violation Of G.S.		Physical Address Of Offense, If Appl		licable	Misuemea	Misdemeanor, Class Time O		Offense AM		
allege that: 1. The juven	ile name	d above committ	ed a delinque	ent act in this distr	ict wh	n that invokes the juve nile under the age of e ts, guardian, or custoo	ighteen (18).		t, and t	herefore
	Name			Relationship/T	tle	Ade	Address		Teleph	
named al	in the located so end the located without the pre-	greenile unlawfurgerenile und undamfurgerenile undamfurgerenile unlawfurgerenile undamfurgerenile undamfurgerenile undamfurgerenile undamfurgerenile undamfurgerenile undamfurgerenile undamfurge	red as to demonter and remains	ly: 159.12] ain onstrate clearly al 14-159.13] ain on	n inte	that on or about the da	rs.			
	the ow the pre located which the cui located	rner, person in commenders ofd atwas posted, in a	harge of the p manner reas	oremises, lawful o	ome to	o the attention of intru	d person. ders, with notice	not to ent	er the p	remises.

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. Signature Of Complainant SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Date Signature Of Person Authorized To Administer Oaths Title Or Relationship To Juvenile Agency (if applicable) Telephone No. Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate Date My Commission Expires Address Notary County Where Notarized City, State, Zip **SEAL** 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 DECISION OF COURT COUNSELOR REGARDING THE FILING OF THE PETITION AM 1. Approved for Filing 2. Not Approved for Filing Name Of Court Counselor Giving Telephonic Approval a. Closed Name And Title Of Person Receiving Telephonic Approval b. Diverted and Retained Date Signature Of Court Counselor Signature Of Person Receiving Telephonic Approval Post-Diversion Approval For Filing Of Petition Date Signature Of Court Counselor Approved for Filing 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 Petition Filed (if applicable) Name Of Prosecutor (type or print) Date Of Review Signature Of Prosecutor