

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

**IN THE MATTER OF**

Name And Address Of Juvenile

**JUVENILE PETITION  
POSSESSION OF SCHEDULE I  
CONTROLLED SUBSTANCE  
(DELINQUENT)**

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

Juvenile's Date Of Birth      Age      Race      Sex

Name Of Petitioner

Category Of Offense

**Felony, Class I**

|              |                              |  |                 |  |
|--------------|------------------------------|--|-----------------|--|
| Offense Code | Offense In Violation Of G.S. | Physical Address Of Offense, If Applicable | Date Of Offense | Time Of Offense  |
|              | <b>90-95(a)(3)</b>           |  |                 | <input type="checkbox"/> AM<br><input type="checkbox"/> 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 offense shown above and in the county named above, the juvenile did unlawfully, willfully and feloniously possess a controlled substance,

(identify the substance) \_\_\_\_\_,  
which is included in Schedule I of the North Carolina Controlled Substances Act, in violation of G.S. 90-95(a)(3).

(Over)

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**

*Signature Of Petitioner*

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

**WITNESS(ES)**

| <b>Name</b> | <b>Address</b> | <b>Telephone No.</b> |
|-------------|----------------|----------------------|
|             |                |                      |
|             |                |                      |
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|             |                |                      |
|             |                |                      |

*Date Complaint Received By Juvenile Justice Section Of The Division Of Adult Correction And Juvenile Justice*

**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> |
|-------------|--------------------------------------|---|

**DECISION OF COURT COUNSELOR REGARDING THE FILING OF THE PETITION**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> 1. Approved for Filing<br><input type="checkbox"/> 2. Not Approved for Filing<br><input type="checkbox"/> a. Closed<br><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>Date</i>   | <i>Name And Title Of Person Receiving Telephonic Approval</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> |
|--|-------------|-------------------------------------|