STATE			ROLINA	NC-JOIN No.	File N	0.		
County				In The General Court Of Justice District Court Division				
IN THE MATTER OF				JUVENILE PETITION				
Name And Address Of Juvenile				POSSESSION OF SCHEDULE II, III AND IV CONTROLLED SUBSTANCES				
					(DELINQUENT)			
							G.S. 7B-1501(7), -1	801, -1802
Juvenile's Date Of	Birth Age		Race	Sex	Category Of Offense			
Name Of Petitioner				 Felony, Class Misdemeanor, Class 				
Offense Code	Offense In Viola	ation Of G.S.	Physical Addres	s Of Offense, If App	licable	Date Of Offense	Time Of Offense	AM
I have sufficie allege that:	nt knowledge	or informat	ion to believe	that a case has	arisen that invokes the juv	venile jurisdiction	of the court, and	

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.	Tr th	e county named above, the juvenile di	defined by G.S. 7B-150 d unlawfully, willfully ar htrolled substance, whi	01(7) in that on or about the date of offense show					
	TH Th	 II. FELONIOUS POSSESSION OF OVER 100 DOSAGE UNITS OR SPECIFIED AMOUNT OF HYDROMORPHONE (OTHER THAN COCAINE OR PHENCYCLIDINE) 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: (choose one) more than 100 tablets, capsules, and dosage units (if hydromorphone), more than four tablets, capsules, and dosage units 							
	w	of the controlled substance <i>(identify substance)</i> , which is included in Schedule II III IV of the North Carolina Controlled Substances Act, in violation of G.S. 90-95(a)(3).							
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		included in Schedule III III IV of the North Carolina Controlled Substances Act, in violation of G.S. 90-95(a)(3).							

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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.

			VERIFI	CATION				
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, exce those matters alleged upon information and belief, and as to those, I believe them to be true.								t as to
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME				Signature Of Petitioner				
Date	Signature Of Person Authorized To	Administer Oat	ths	Title Or Relationship To Juvenile				
Deputy CSC Assistant CSC Clerk Of Superior Court				Agency (if applicable)			Telephone No.	
Date My Commission Expires				Address				
SEAL County Where Notarized				City, State, Zip				
			WITNE	SS(ES)				
	Name			. ,	Address		Telepho	one No.
Date Complaint Receive	ed By Juvenile Justice Section Of The	e Division Of Ac	dult Correction	n And Juvenile Just	tice			
	15-D4		SION OF	TIME TO FIL				
Pursuant to G.S. 7 is extended 15 da	7B-1703, at the discretion of					ion in the abo	ove captione	ed case
Date Name Of Chief Court Counselor				Signature Of Chie	f Court Counselor			
	DECISION OF COURT	COUNSE	LOR RE	Date	IE FILING OF THE F	Time		
1. Approved fo	r Filing			2410			AM	PM
2. Not Approve	ed for Filing			Name Of Court Co	ounselor Giving Telephonic A	pproval		
a. Closed				Nome And Title C	Af Porcon Possiving Tolonhon	ia Approval		
b. Diverted and Retained				Name And Title Of Person Receiving Telephonic Approval				
Date				-				
Signature Of Court Counselor				Signature Of Person Receiving Telephonic Approval				
	Dr	st-Divorcia		 /al For Filing C)f Petition			
Approved for Filing				Signature Of Cou				
	- 							