

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Juvenile

JUVENILE PETITION
SIMPLE AFFRAY
(DELINQUENT)

Juvenile's Date Of Birth Age Race Sex

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

Name Of Petitioner

Category Of Offense

Misdemeanor, Class _____

Offense Code	Offense In Violation Of G.S. 14-33	Physical Address Of Offense, If Applicable	Date Of Offense	Time Of Offense	<input type="checkbox"/> AM <input type="checkbox"/> PM
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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. **SIMPLE AFFRAY [G.S. 14-33]**

The juvenile is a delinquent juvenile as defined by G.S. 7B-1501(7) in that on or about the date of offense shown and in the county named above the juvenile did unlawfully and willfully make an affray to the terror and disturbance of other citizens at *(name public place where fight occurred)* _____

_____, a public place.

At that public place the juvenile and *(name other persons who were involved in the affray or write other persons whose names are not known)*

did assault and strike each other by *(describe the nature of the fight)* _____

(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		<i>Signature Of Petitioner</i>
<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>Agency (if applicable)</i>
		<i>Telephone No.</i>
<input type="checkbox"/> <i>Notary</i>	<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 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>
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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 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>
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