	County					In The General Court Of Justice District Court Division				
		IN THE MATT	ER OF				u e betu	TION		
Name And Addre	ess Of Juve	nile					ILE PETI T-DEGRI			
					9	FIRS FATUTORY	_		SE	
						EMALE OR M				
							LINQUENT		.0,	
Juvenile's Date (Of Birth	Age	Race	Sex		(•	(=) 1001 1000	
Name Of Petition	ner				Category Of Offer	use.	(3.S. 7B-1501((7), -1801, -1802	
							ny, Class B	1		
Offense Code Offense		In Violation Of G.S.	Physical Address Of Offense, If Appli		pplicable		Date Of Offense	Time Of Offense AM		
allege that: 1. The juver	ile name	d above commit	ted a delinque	nt act in this dis	s arisen that invo	the age of eight	een (18).		, and therefore	
I have suffic allege that: 1. The juver	ile name	rledge or informa	ted a delinque	nt act in this dis	strict while under	the age of eight	een (18). are as follow	vs:		
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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. **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 Petitioner 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 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. Date Name Of Chief Court Counselor Signature Of Chief Court Counselor DECISION OF COURT COUNSELOR REGARDING THE FILING OF THE PETITION Date 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 Signature Of Court Counselor Date Approved for Filing