

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

County

IN THE MATTER OF:

Name And Address Of Juvenile

JUVENILE PETITION
(ABUSE/NEGLECT/DEPENDENCY)

Social Security No. Of Juvenile

G.S. 7B-101, -402

Juvenile's Date Of Birth

Age

Race

Sex

Condition Alleged

Name Of Petitioner

Abused Neglected Dependent

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 resides in the district at the address shown above, or was found in the district as alleged herein.
2. The information required by G.S. 50A-209 is set out in the Affidavit As To Status Of Minor Child (AOC-CV-609), which is attached hereto and incorporated herein by reference.
3. The names, addresses and telephone numbers of the juvenile's parents, guardian, custodian, or caretaker are as follows:

Table with 4 columns: NAME, RELATIONSHIP OR TITLE, ADDRESS, TELEPHONE NO.

- 4. The juvenile is an abused juvenile, neglected juvenile, or dependent juvenile, as alleged more specifically below. (Check only the blocks that apply.)

- A. The juvenile is an ABUSED JUVENILE, in that the juvenile's parent, guardian, custodian or caretaker:
1. has inflicted or allowed to be inflicted on the juvenile a serious physical injury by other than accidental means.
2. has created or allowed to be created a substantial risk of serious physical injury to the juvenile by other than accidental means.
3. has used or allowed to be used upon the juvenile cruel or grossly inappropriate devices or procedures to modify behavior.
4. has committed, permitted, or encouraged the commission of a sex or pornography offense with or upon the juvenile in violation of the criminal law.
5. has created or allowed to be created serious emotional damage to the juvenile.
6. has encouraged, directed, or approved of delinquent acts involving moral turpitude committed by the juvenile.

Specifically, on or about (date or time period) :
(State facts supporting allegations that the juvenile is an abused juvenile as indicated above. Attach additional pages if

- B. The juvenile is a **NEGLECTED JUVENILE**, in that the juvenile:
- 1. does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker.
  - 2. has been abandoned.
  - 3. is not provided necessary medical care.
  - 4. is not provided necessary remedial care.
  - 5. lives in an environment injurious to the juvenile's welfare.
  - 6. has been placed for care or adoption in violation of law.

Specifically, on or about (date or time period) \_\_\_\_\_ :  
 (State facts supporting allegations that the juvenile is a neglected juvenile as indicated above. Attach additional pages if necessary.)

- C. The juvenile is a **DEPENDENT JUVENILE**, in that:
- 1. the juvenile needs assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision.
  - 2. the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.

Specifically, on or about (date or time period) \_\_\_\_\_ :  
 (State facts supporting allegations that the juvenile is a dependent juvenile as indicated above. Attach additional pages if necessary.)

I request the Court to hear the case to determine whether the allegations are true and whether the juvenile is in need of the care, protection, or supervision of the State.

**VERIFICATION**

Being first duly sworn, I say that I have read this Petition and that the same is true to my own knowledge, except as to those matters alleged upon information and belief, and as to those, I believe it to be true.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Signature Of Petitioner</i>	
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<input type="checkbox"/> Director <input type="checkbox"/> Authorized Representative of Director _____ County Department of Social Services	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<i>Address</i>	
<b>SEAL</b>	<input type="checkbox"/> Notary	<i>Date My Commission Expires</i>	<i>City, State, Zip</i>
<i>Telephone No.</i>			

**Witness(es)**

Name	Address	Telephone No.