

_____ County

IN THE MATTER OF:

Name And Address Of Juvenile

Social Security No. Of Juvenile

Juvenile's Date Of Birth

Age

Race

Sex

Name Of Petitioner

**JUVENILE PETITION
(UNDISCIPLINED)**

G.S. 7B-1501(27), -1703, -1706, -1801, -1802

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 is under the age of eighteen (18) and has committed an undisciplined act in this district.
2. The names, address and telephone numbers of the juvenile's parents, guardian, or custodian are as follows:

NAME	RELATIONSHIP OR TITLE	ADDRESS	TELEPHONE NO.

3. The juvenile is an undisciplined juvenile, in that on or about *(date or time period)* _____,
 - a. was regularly disobedient to the juvenile's parent, guardian, or custodian and beyond their disciplinary control.
 - b. was regularly found in places where it is unlawful for a juvenile to be.
 - c. ran away from home for a period of more than 24 hours.
 - d. while less than sixteen (16) years of age, was unlawfully absent from school.

Specifically, the juvenile: *(State facts supporting the alleged offense(s).)*

ADDITIONAL ALLEGATIONS

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 an undisciplined 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 AND SUBSCRIBED TO BEFORE ME

Signature Of Petitioner

Date

Address

Signature Of Person Authorized To Administer Oaths

City, State, Zip

- Deputy CSC
 Assistant CSC
 Clerk Of Superior Court
 Magistrate

Agency (if applicable)

SEAL Notary

Date My Commission Expires

Title Or Relationship To Juvenile (if applicable)

Telephone No.

Witness(es)

Name	Address	Telephone No.

Decision of Intake Counselor Regarding the Filing of the Petition

1. Approved for Filing
 2. Not Approved for Filing
 a. Closed
 b. Diverted and Retained

Date

Time

AM PM

Name Of Intake Counselor Giving Telephonic Approval

Name And Title Of Person Receiving Telephonic Approval

Date

Signature Of Intake Counselor

Signature Of Person Receiving Telephonic Approval

Post-Diversion Activity

Approved for Filing

Date

Signature Of Intake Counselor

Diverted and Retained
Case Closed

Date

Signature Of Court Counselor