

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

(DELINQUENT)

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

Social Security No. Of Juvenile

Category Of Offense

Felony, Class _____

Misdemeanor, Class _____, Or Infraction

Juvenile's Date Of Birth

Age

Race

Sex

Name Of Petitioner

Date Of Offense

Time Of Offense

AM

PM

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 committed a delinquent act in this district while under the age of sixteen (16).

(NOTE: If the respondent is eighteen or older and is alleged to have committed a felony while age thirteen, fourteen, or fifteen, this allegation should be modified accordingly. See G.S. 7B-1601.)

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. 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 unlawfully, willfully and feloniously, did: *(State facts supporting every element of alleged offense.)*

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 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 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 (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 Approval For Filing Of Petition

Approved for Filing

Date

Signature Of Intake Counselor