

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
DISORDERLY CONDUCT
AT SCHOOL
(DELINQUENT)**

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

Social Security No. Of Juvenile

Juvenile's Date Of Birth

Age

Race

Sex

Category Of Offense

Misdemeanor, Class 2

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:

- 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).
- The names, addresses and telephone numbers of the juvenile's parents, guardian, or custodian are as follows:

| NAME | RELATIONSHIP/TITLE | ADDRESS | TELEPHONE NO. |
|------|--------------------|---------|---------------|
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- The juvenile is a delinquent juvenile as defined by G.S. 7B-1501(7) in that on or about the date of offense shown above and in the county named above, the juvenile did unlawfully and intentionally disrupt, disturb or interfere with the teaching of students or engage in conduct that disturbed the peace, order or discipline at

_____,
a public or private educational institution, or on the grounds adjacent thereto, by *(describe conduct)*

in violation of G.S. 14-288.4(a)(6).

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 | <i>Signature Of Petitioner</i> | |
| <i>Date</i> | <i>Address</i> | |
| <i>Signature Of Person Authorized To Administer Oaths</i> | <i>City, State, Zip</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> | |
| SEAL <input type="checkbox"/> <i>Notary</i> <i>Date My Commission Expires</i> | <i>Title (if applicable)</i> | <i>Telephone No.</i> |

Witness(es)

| Name | Address | Telephone No. |
|------|---------|---------------|
| | | |

Decision of Intake 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 Intake Counselor Giving Telephonic Approval</i> | | |
| | <i>Name And Title Of Person Receiving Telephonic Approval</i> | | |
| <i>Date</i> | <i>Signature Of Intake Counselor</i> | | |
| <i>Signature Of Intake 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 Intake Counselor</i> |
|--|-------------|--------------------------------------|