

# 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

Social Security No. Of Juvenile

Juvenile's Date Of Birth

Age

Race

Sex

Name Of Petitioner

Category Of Offense

Date Of Offense

Time Of Offense

AM  
 PM

## JUVENILE PETITION POSSESSION OF SCHEDULE I CONTROLLED SUBSTANCE (DELINQUENT)

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

**Felony, Class H**

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 above and in the county named above, the juvenile did unlawfully, willfully and feloniously possess a controlled substance (*identify the substance*) \_\_\_\_\_, which is included in Schedule I of the North Carolina Controlled Substances Act, in violation of G.S. 90-89.

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*