S1	TATE (OF N	ORTH CA	ROLINA	NC-JOIN No.		File No.	
	County					In The General Court Of Justice District Court Division		
			IN THE MATT	ER OF				
Name And Address Of Juvenile						JUVENILE PETITION CONCEALMENT OF MERCHANDISE (SHOPLIFTING) (DELINQUENT)		
Juven	ile's Date Of I	Birth	Age	Race	Sex		G.S. 7B-	-1501(7), -1801, -1802
Name	Of Complain	ant				Cate	gory Of Offense	
							Misdemeanor, Class	
Offense Code Offense In Violation Of G.S. Phys. 14-72.1			Physical Addre	hysical Address Of Offense, If Applica		Date Of Offense Time C	Of Offense AM	
Spoke		Court Inte		ny Party, Victim, C	Or Witness? (If Yes, ide	entify p	nerson(s) and language(s). Interpreters provided for all court	proceedings at no cost.)
	ve sufficier ge that:	nt know	ledge or informa	tion to believe	that a case has	arise	en that invokes the juvenile jurisdiction of the c	ourt, and therefore
1. T	- he juvenile	name	d above committe	ed a delinque	nt act in this distr	ict wh	hile under the age of eighteen (18).	
2. T	he names,	addres	sses, and telepho	one numbers	of the juvenile's p	aren	ts, guardian, or custodian are as follows:	
	Name			Relationship/T	itle	Address	Telephone No.	
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L								
Т	he juvenile	is a de	elinquent juvenile	as defined b		7) in t	I that on or about the date of offense shown abo uthority conceal: <i>(describe items)</i>	ove and in the
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			chandise of a sto					
						re pu	rchased the goods and merchandise.	·

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. Signature Of Complainant SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Signature Of Person Authorized To Administer Oaths Date Title Or Relationship To Juvenile Agency (if applicable) Telephone No. Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate Date My Commission Expires Address Notary County Where Notarized City, State, Zip **SEAL** WITNESS(ES) Name **Address** Telephone No. Date Complaint Received By Division Of Juvenile Justice Of The Department Of Public Safety 15-DAY EXTENSION OF TIME TO FILE PETITION Pursuant to G.S. 7B-1703, at the discretion of the undersigned chief court counselor, the time to file a petition in the above captioned case is extended 15 days. Date Name Of Chief Court Counselor Signature Of Chief Court Counselor DECISION OF COURT COUNSELOR REGARDING THE FILING OF THE PETITION Time AM 1. Approved for Filing 2. Not Approved for Filing Name Of Court Counselor Giving Telephonic Approval a. Closed Name And Title Of Person Receiving Telephonic Approval b. Diverted and Retained Date Signature Of Court Counselor Signature Of Person Receiving Telephonic Approval Post-Diversion Approval For Filing Of Petition Date Signature Of Court Counselor Approved for Filing REVIEW BY PROSECUTOR OF DECISION NOT TO APPROVE FOR FILING The undersigned prosecutor conducted a review pursuant to G.S. 7B-1704 and 7B-1705 of the court counselor's determination not to approve the complaint for filing and hereby authorizes does not authorize the complaint to be approved for filing. Date Of Review Date Petition Filed (if applicable) Name Of Prosecutor (type or print) Signature Of Prosecutor