County					In The General Court Of Justice District Court Division					
	II	N THE MATT	ER OF							
Name And Address Of Juvenile					JUVENILE PETITION RESIST, DELAY AND OBSTRUCT AN OFFICER (DELINQUENT)					
Juvenile's Date Of Birth Age F			Race Sex			·		, S.S. 7B-150	01(7) -18()1 -1802
Name Of Complainant					Category (nor, Class 2		, (,),	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Offense Code 5310			Physical Address Of Offense, If Appl		licable		Date Of Offense		Time Of Offense AM	
	Court Interpo	reter Needed For Ar	ny Party, Victim, C	Or Witness? (If Yes, id	lentify person(s	s) and language(s). Int	erpreters provided for	all court prod	ceedings at	no cost.)
anogo triat.				, mai a case nas	ansen ma	t ilivokes tile juve	enile jurisdiction o	51 ti 10 00u	rt, and th	erefore
1. The juveni			ed a delinque	nt act in this disti	rict while ui	nder the age of e ardian, or custod	ighteen (18).		Telepho	
1. The juveni 2. The name	s, address	es, and telepho	ed a delinque one numbers	nt act in this distr of the juvenile's Relationship/T	rict while un parents, gu	nder the age of e lardian, or custod Add	ighteen (18). lian are as follow dress	s:	Telepho	one No.
The name: The juvenic county name office.	le is a deli med above er)	inquent juvenile de, the juvenile de (name office)	ed a delinque one numbers e as defined b id unlawfully	nt act in this distr of the juvenile's Relationship/T	rict while unparents, gu	nder the age of e lardian, or custod Add	ighteen (18). lian are as follow dress	s:	Telepho	one No.

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