S	TATE C)F NC		ROLINA	NC-JOIN No.		File No				
County					In The General Court Of Justice District Court Division						
			N THE MATT	ER OF							
Nam	e And Address	Of Juveni	le				DISOR	ENILE PETI DERLY COI AT SCHOOI DELINQUENT	NDUCT		
Juve	nile's Date Of E	Birth	Age	Race	Sex	G.S. 7B-1501(7), -1801,				01 -1802	
Nam	e Of Complaina	ant				Cate	gory Of Offense Misdemear			-	,
Offer	nse Code		In Violation Of G.S. -288.4(a)(6)	Physical Addr	ess Of Offense, If Appli	icable		Date Of Offense			AM PM
	<u> </u>			ny Party, Victim,	Or Witness? (If Yes, ide	entify p	erson(s) and language(s). Int	erpreters provided for	all court pro	ceedings a	t no cost.)
alle 1. ⁻	ege that: The juvenile	named	above committe	ed a delinque	ent act in this distri	ict wł	n that invokes the juve nile under the age of e ts, guardian, or custod	ighteen (18).		rt, and tl	herefore
[Name		Relationship/Title A			dress	Telephone No.		

		<u> </u>

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 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.

			VERIFI	CATION					
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/AFFIR	Signature Of Complainant								
Date	Title Or Relationship To Juvenile								
Deputy CSC Assistant CSC Clerk Of Superior Court				Agency (if applicable)				Telephone No.	
Date My Commission Expires				Address					
SEAL	County Where Notarized			City, State, Zip					
			WITNE	SS(ES)					
	Name				Add	lress		Telephone No.	
Date Complaint Receive	ed By Division Of Juvenile Justice Of Th	e Department	Of Public S	afety					
	15-DAY	' EXTENS	ION OF	TIME TO FIL	E PE	TITION			
Pursuant to G.S. 7 is extended 15 day	7B-1703, at the discretion of the ys.	e undersign	ed chief	court counselo	r, the ti	me to file a pet	ition in the abo	ove captioned case	
Date Name Of Chief Court Counselor				Signature Of Chie	ef Court C	Counselor			
	DECISION OF COURT C	OUNSEL	OR REG	GARDING TH	HE FIL	LING OF TH	E PETITION		
1. Approved for	r Filing			Date Time			Time	AM PM	
 2. Not Approved for Filing a. Closed 				Name Of Court Counselor Giving Telephonic Approval					
☐ b. Diverted and Retained				Name And Title Of Person Receiving Telephonic Approval					
Date Signature Of Court Counselor				Signature Of Person Receiving Telephonic Approval					
Post-Diversion Approval For Filing Of Petition									
Approved for Filing					rt Counse	elor			
	REVIEW BY PROSEC	CUTOR O	F DECI	SION NOT T	O AP	PROVE FOR	RFILING		
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									