

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Juvenile

JUVENILE PETITION
POSSESSION OF SCHEDULE I
CONTROLLED SUBSTANCE
(DELINQUENT)

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

Juvenile's Date Of Birth Age Race Sex

Name Of Complainant

Category Of Offense

Felony, Class I

Offense Code Offense In Violation Of G.S. Physical Address Of Offense, If Applicable Date Of Offense Time Of Offense AM
90-95(a)(3) PM

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No Yes: (explain)

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 committed a delinquent act in this district while under the age of eighteen (18).
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. 90-95(a)(3).

(Over)

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/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Complainant

Date

Signature Of Person Authorized To Administer Oaths

Title Or Relationship To Juvenile

Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate

Agency (if applicable)

Telephone No.

Notary

Date My Commission Expires

Address

SEAL

County Where Notarized

City, State, Zip

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

- 1. Approved for Filing
- 2. Not Approved for Filing
 - a. Closed
 - b. Diverted and Retained

Date

Time

AM PM

Name Of Court Counselor Giving Telephonic Approval

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

Date

Signature Of Court Counselor

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