County					In The General Court Of Justice District Court Division			
		IN THE MATT	ER OF					
Name And Addres	s Of Juven	ile			JUVENILE PETITION POSSESSION OF DRUG PARAPHERNALIA (DELINQUENT)			
Iuvenile's Date Of Birth Age		Race Sex			•	•		
Name Of Complai	nant				Category Of Offense	G	G.S. 7B-1501(7), -	1801, -1802
varrie Oi Corripiai	riarii					neanor, Class		
Offense Code 3401		In Violation Of G.S.	Physical Addre	ess Of Offense, If App		Date Of Offense	Time Of Offense	AM PM
Spoken Language			Any Party, Victim, (Or Witness? (If Yes, ic	lentify person(s) and language	(s). Interpreters provided for	all court proceedings	
7 I ha iiivani				ant act in thic dict	rict while under the age	of aighteen (18)		
-		ses, and teleph	•	of the juvenile's	rict while under the age parents, guardian, or c	ustodian are as follow		
-			•		parents, guardian, or c	• ,		hone No.
-		ses, and teleph	•	of the juvenile's	parents, guardian, or c	ustodian are as follow		hone No.
2. The names	le is a de	ses, and teleph Name	e as defined b	of the juvenile's Relationship/	parents, guardian, or c	Address Address ne date of offense sho	Telepown above and in	n the

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