STATE OF NORTH CAROLINA	NC-JOIN No.

File No.

County					In The General Court Of Justice District Court Division						
	I	N THE MATT	ER OF								
Name And Address Of Juvenile					JUVENILE PETITION FIRST-DEGREE FORCIBLE SEXUAL OFFENSE (DELINQUENT)						
Juvenile's Date Of Birth Age Race Sex					-			,			
							G	S.S. 7B-15	501(7), -180	01, -1802	
Name Of Complain	ant					egory Of Offense	Felony, Class B [*]	1			
Offense Code 1131		n Violation Of G.S. 14-27.26	Physical Addre	ess Of Offense, If Appl	icable		Date Of Offense	Time Of C	Offense	AM PM	
-	Court Interp	oreter Needed For Ar	ny Party, Victim, (Or Witness? (If Yes, ide	entify p	person(s) and language(s). I	nterpreters provided for	all court pro	ceedings at	no cost.)	
	: (explain)										
	nt knowle	edge or informa	tion to believe	e that a case has	arise	en that invokes the juv	enile jurisdiction o	of the cou	urt, and th	erefore	
allege that	- named	above committ	ed a delinque	ent act in this dist	ict w	hile under the age of	eighteen (18)				
-			-			nts, guardian, or custo		s:			
	,	Name		Relationship/T		-	dress		Telenh	one No	
		Name		Relationship/1	nie				Telephone No.		
The juvenil	e is a del	inquent juvenile	e as defined b		7) in t	that on or about the d sly engage in a sexua		wn abov	e and in t	he	
(briefly desci	ribe act) _									with	
(name perso										by	
	•	s/her will, and								-	
						on or an article which		y believe	d to be a		
										_; or	
				m or other perso							
	ea the o	liense alded an	a abelled by	one or more othe	r per	sons.					

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							
	vorn, I say that I have read the eged upon information and beli						are true to	my own k	nowledg	e, except	as to
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE I			RE ME	Signature Of Complainant							
Date	ate 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							
			WITNE	SS(ES)							
	Name					Addres	S			Telepho	ne No.
Date Complaint Receive	ed By Division Of Juvenile Justice Of Ti	he Department	Of Public S	afety							
		-									
	15-DA	YEXTENS	ION OF	TIME TO) FIL	E PETITI	ON				
Pursuant to G.S. 7 is extended 15 da	7B-1703, at the discretion of th ys.	e undersigr	ned chief	court coun	selor	, the time	to file a pe	tition in tł	ne above	captione	d case
Date	Name Of Chief Court Counselor			Signature O	f Chiel	f Court Couns	selor				
	DECISION OF COURT O	OUNSEL	OR REC	GARDIN	G TH	IE FILIN	G OF TH	E PETI	TION		
1. Approved for Filing				Date Time						AM	PM
2. Not Approve				Name Of Court Counselor Giving Telephonic Approval							
☐ a. Closed ☐ b. Diverted and Retained				Name And Title Of Person Receiving Telephonic Approval							
Date	Signature Of Court Counselor			Signature Of Person Receiving Telephonic Approval							
	Pos	t-Diversion	1 Approv	al For Fili Signature O							
Approved for F	iling	Dulo		olghatalo o	r ooun						
	REVIEW BY PROSE	CUTOR O	F DECI	SION NC	DT T	O APPR	OVE FOR		G		
	prosecutor conducted a review	/ pursuant to] authorizes		-1704 and s not autho			e court cou nplaint to b				0
Date Of Review	Date Petition Filed (if applicable) Nam	e Of Prosecuto	or (type or p	rint)		Si	gnature Of Pr	osecutor			