

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Juvenile

**JUVENILE PETITION
SECOND DEGREE SEXUAL OFFENSE
(DELINQUENT)**

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

Juvenile's Date Of Birth Age Race Sex

Name Of Petitioner

Category Of Offense

Felony, Class C

Offense Code 1124	Offense In Violation Of G.S. 14-27.5	Physical Address Of Offense, If Applicable	Date Of Offense	Time Of Offense <input type="checkbox"/> AM <input type="checkbox"/> PM
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I have sufficient knowledge or information to believe that a case has arisen which invokes the juvenile jurisdiction of the court, and therefore allege that:

- The juvenile named above is under the age of eighteen (18) and committed a delinquent act in this district while under the age of sixteen (16).

(NOTE: *If the respondent is eighteen or older and is alleged to have committed a felony while age thirteen, fourteen, or fifteen, this allegation should be modified accordingly. See G.S. 7B-1601.*)

- The names, addresses and telephone numbers of the juvenile's parents, guardian, or custodian are as follows:

NAME	RELATIONSHIP/TITLE	ADDRESS	TELEPHONE NO.

- Second Degree Sexual Offense** [G.S. 14-27.5]

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 engage in a sexual act, namely *(briefly describe act)* _____ with *(name person)* _____

- by force and against the victim's will; or
- who was mentally disabled, mentally incapacitated, or physically helpless, and the delinquent juvenile who performed the act knew or should reasonably have known that the victim was mentally disabled, mentally incapacitated, or physically helpless.

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 Petitioner

<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Address</i>	
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> <input type="checkbox"/> <i>Magistrate</i>		<i>City, State, Zip</i>	
<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	<i>Agency (if applicable)</i>	
SEAL	<i>County Where Notarized</i>	<i>Title (if applicable)</i>	<i>Telephone No.</i>

Witness(es)

Name	Address	Telephone No.

Date Complaint Received By Department Of Juvenile Justice And Delinquency Prevention

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.

<i>Date</i>	<i>Name Of Chief Court Counselor</i>	<i>Signature Of Chief Court Counselor</i>
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Decision of Court Counselor Regarding the Filing of the Petition

<input type="checkbox"/> 1. Approved for Filing <input type="checkbox"/> 2. Not Approved for Filing <input type="checkbox"/> a. Closed <input type="checkbox"/> b. Diverted and Retained	<i>Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
	<i>Name Of Court Counselor Giving Telephonic Approval</i>	
<i>Date</i>	<i>Name And Title Of Person Receiving Telephonic Approval</i>	
<i>Signature Of Court Counselor</i>	<i>Signature Of Person Receiving Telephonic Approval</i>	

Post-Diversion Approval For Filing Of Petition

<input type="checkbox"/> Approved for Filing	<i>Date</i>	<i>Signature Of Court Counselor</i>
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