

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

County

IN THE MATTER OF:

Name And Address Of Juvenile

JUVENILE PETITION
(ABUSE/NEGLECT/DEPENDENCY)

G.S. 7B-101, -402

Table with 4 columns: Juvenile's Date Of Birth, Age, Race, Sex

Name Of Petitioner

Condition Alleged

- Abused, Neglected, Dependent (checkboxes)

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 resides in the district at the address shown above...
2. The information required by G.S. 50A-209 is set out in the Affidavit As To Status Of Minor Child (AOC-CV-609)...
3. The names, addresses and telephone numbers of the juvenile's parents, guardian, custodian, or caretaker are as follows:

Table with 4 columns: NAME, RELATIONSHIP OR TITLE, ADDRESS, TELEPHONE NO.

4. The juvenile is an abused juvenile, neglected juvenile, or dependent juvenile, as alleged more specifically below: (Check only the blocks that apply.)

- A. The juvenile is an ABUSED JUVENILE, in that the juvenile's parent, guardian, custodian or caretaker:
1. has inflicted or allowed to be inflicted on the juvenile a serious physical injury...
2. has created or allowed to be created a substantial risk of serious physical injury...
3. has used or allowed to be used upon the juvenile cruel or grossly inappropriate devices...
4. has committed, permitted, or encouraged the commission of a sex or pornography offense...
5. has created or allowed to be created serious emotional damage...
6. has encouraged, directed, or approved of delinquent acts involving moral turpitude...

Specifically, on or about (date or time period) : (State facts supporting allegations that the juvenile is an abused juvenile as indicated above. Attach additional pages if necessary.)

- B. The juvenile is a **NEGLECTED OR SERIOUSLY NEGLECTED JUVENILE**, in that the juvenile:
- 1. does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker.
 - 2. has been abandoned.
 - 3. is not provided necessary medical care.
 - 4. is not provided necessary remedial care.
 - 5. lives in an environment injurious to the juvenile's welfare.
 - 6. has been placed for care or adoption in violation of law.

Specifically, on or about (date or time period) _____: (State facts supporting allegations that the juvenile is a neglected juvenile as indicated above. Attach additional pages if necessary.)

- C. The juvenile is a **DEPENDENT JUVENILE**, in that:
- 1. the juvenile needs assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision.
 - 2. the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.

Specifically, on or about (date or time period) _____: (State facts supporting allegations that the juvenile is a dependent juvenile as indicated above. Attach additional pages if necessary.)

5. Each parent, guardian, custodian or caretaker named below abused or seriously neglected the juvenile as alleged more fully in paragraph 4.A, or 4.B above, and is a responsible individual as defined in G.S. 7B-101(18a) (list persons alleged to be responsible individuals.)

1. _____
2. _____
3. _____

I request the Court to hear the case to determine whether the allegations are true and whether the juvenile is in need of the care, protection, or supervision of the State.

VERIFICATION

Being first duly sworn, I say that I have read this Petition and that the same is true to my own knowledge, except as to those matters alleged upon information and belief, and as to those, I believe it to be true.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Signature Of Petitioner	
Date	Signature Of Person Authorized To Administer Oaths	<input type="checkbox"/> Director <input type="checkbox"/> Authorized Representative of Director County Department of Social Services	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		Address	
<input type="checkbox"/> Notary		Date My Commission Expires	
SEAL		City, State, Zip	
		Telephone No.	
County Where Notarized			

Witness(es)

Name	Address	Telephone No.