| County | | | | | | In The General Court Of Justice District Court Division | | | |
|------------------------------|----------------------|-------------------------------------|----------------|--|--------------------------------------|--|------------------------------------|------------------|--------------|
| | | IN THE MATT | ER OF | | | | | | |
| Name And Address Of Juvenile | | | | | | JUVENILE PETITION UNAUTHORIZED USE OF MOTOR VEHICLE (DELINQUENT) | | | |
| Juvenile's Date O | f Birth | Age | Race | Sex | | (- | | | |
| Name Of Compla | inant | | | | Category Of | | or, Class | G.S. 7B-1501(7), | -1801, -1802 |
| Offense Code | Offense Code Offense | | Physical Addr | Physical Address Of Offense, If Applic | | | Date Of Offense | Time Of Offense | AM PM |
| allege that: | | | | | nas arisen that | · | • | o | |
| allege that: 1. The juv | enile nar | med above comr | nitted a delin | quent act in thi | is district while nile's parents, | under the age of guardian, or custo | eighteen (18). odian are as fol | llows: | |
| allege that: 1. The juv | enile nar | med above comr dresses, and tele | nitted a delin | quent act in thi | is district while nile's parents, | under the age of guardian, or custo | eighteen (18). odian are as fol | llows: | phone No. |

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