STATE OF N	ORTH CA	ROLINA	NC-JOIN No.		File No.	D.			
County					In The General Court Of Justice District Court Division				
	IN THE MATT	ER OF							
Name And Address Of Juver					INJURY TO	ENILE PETI PERSONAL (DELINQUENT	. PROPI	ERTY	
Juvenile's Date Of Birth	Age	Race	Sex			C	G.S. 7B-150	11(7), -1801, -1802	
Name Of Complainant					Category Of Offense Misdemeanor, Class				
Offense Code Offense In Violation Of G.S. Ph		Physical Addr	Physical Address Of Offense, If Appli			Date Of Offense	Time Of Of	ffense AM	
I have sufficient know allege that: 1. The juvenile named 2. The names, address	d above committ	ed a delinque	ent act in this distr	ict while	e under the age of e	eighteen (18).		t, and therefore	
Name			Relationship/Title		Address			Telephone No.	
county named abor person, firm, or cor	elinquent juvenile ve, the juvenile o poration describ ate) The damage	e as defined bedined bedied unlawfully bed below, in	by G.S. 7B-1501( , wantonly and wi	Ilfully in 4-160.	at on or about the da jure personal prope				
Name Of Owner (Perso		(m)							

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