

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

Name Of Plaintiff

VERSUS

Name And Address Of Defendant

**MOTION AND ORDER TO SHOW CAUSE
FOR FAILURE TO COMPLY WITH
NO-CONTACT ORDER FOR STALKING OR
NONCONSENSUAL SEXUAL CONDUCT**

G.S. 5A-15, -23; 50C-10

I, the undersigned, request the Court to issue an order requiring the defendant to appear and show cause, if any, why he/she should not be held in contempt for violating the No-Contact Order in this case entered on (give date of Order) _____.

The defendant has willfully violated that Order by (tell what the defendant did that violated the Order):

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Person Making Motion

Name Of Person Authorized To Administer Oaths

Name Of Person Making Motion (type or print)

Deputy CSC Assistant CSC Clerk Of Superior Court

SEAL

Notary

Date My Commission Expires

ORDER TO APPEAR AND SHOW CAUSE

To The Defendant Named Above:

The Court finds probable cause to believe that you are in civil or criminal contempt for violating the Court's order as specified above. You are Ordered to appear at the date, time, and place set out below to show cause, if any, why the Court should not enter an order holding you in civil or criminal contempt. Your failure to appear may result in the issuance of an Order For Arrest or your being jailed for civil contempt.

Date Of Hearing

Time Of Hearing

AM
 PM

Date Issued

Place Of Hearing

Signature Of District Court Judge

(Over)

RETURN OF SERVICE

I certify that this Motion and Order was received and served as follows:

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Defendant</i>
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- By personally serving the defendant named above.
- By leaving a copy of this Motion and Order at the dwelling house or usual place of abode of the defendant with a person of suitable age and discretion residing therein.
- Defendant WAS NOT served for the following reason:

<i>Date Received</i>	<i>Signature Of Deputy Sheriff Making Return</i>
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<i>Date Of Return</i>	<i>Name Of Deputy Sheriff Making Return (type or print)</i>
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<i>County Of Deputy Sheriff Making Return</i>
