Administrative Office of the Courts

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FOLDER REVIEW AND NOTIFICATION REPORT

Date _____

Number of pages (including cover sheet) _____

To: _____

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Office: _____

From: _____

AOC - Micrographics Office

Office: 919-890-1380

Subject: NOTIFICATION REPORT FOR FOLDER NO. _____

Message: _____

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We have reviewed the above folder to assist you in complying with the procedures set out in the Rules of Recordkeeping, Rule 2, Scanning Procedures.

☐ Folder Received and Audit Approved
☐ Folder Received and Corrections Required
☐ No Certificate of Authenticity - Please email to MicrographicsQA@nccourts.org

Please note the page numbers for the files/documents that need corrective actions are on the attached reports. Some corrections will require rescanning and others will only require renaming. These are specifically detailed on the attached reports.

Once you have completed your corrections, please complete and email this sheet to the Micrographics Office at MicrographicsQA@nccourts.org.

All corrections have been completed: Folder No. _____ Date: _____

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NOTIFICATION REPORT
FILES REQUIRING RESCANNING

COUNTY: _____ FOLDER NO.: _____

Case No.	Cornerfold	Doublefeed	Information in Wrong File	Note Covering Information	Overlap	Stretched/ Streak on Document	No Folder No. on Lead Sheet	No Lead Sheet	Incorrect Folder No.	Notes

AOC-A-148, Side Two, Rev. 2/22
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NOTIFICATION REPORT
FILES REQUIRING RENAMING

COUNTY: _____ FOLDER NO.: _____

Case No.	Correct Case No.	Correct File Name Format	Notes	Case No.	Correct Case No.	Correct File Name Format	Notes

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