

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

**MISDEMEANOR
STATEMENT OF CHARGES**

Name And Address Of Defendant

Race

Sex

Date Of Birth

G.S. 15A-922

Offense(s)	Date Of Offense OR Date Range Of Offense	G.S. No.	CL.

I, the undersigned, upon information and belief allege that on or about the date(s) of offense shown and in the county named above, the defendant named above did unlawfully and willfully

Date	Name Of Prosecutor (type or print)	Signature Of Prosecutor
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