

<i>File No.</i>	<i>Law Enforcement Case No.</i>	<i>LID No.</i>	<i>SID No.</i>	<i>FBI No.</i>													
WARRANT FOR ARREST MISDEMEANOR WORTHLESS CHECK <input type="checkbox"/> I. Simple <input type="checkbox"/> II. Fourth Or Subsequent Offense		STATE OF NORTH CAROLINA In The General Court Of Justice District Court Division _____ County															
THE STATE OF NORTH CAROLINA VS.		To any officer with authority and jurisdiction to execute a warrant for arrest for the offense charged below: I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did draw, make, utter and issue and deliver to _____ a check drawn upon (<i>name of financial institution</i>) _____ of (<i>city and state of financial institution</i>) _____, for the payment of \$ _____ in money. The check was made payable to _____ and was dated _____. The defendant knew at the time he/she: (<i>check one</i>) <input type="checkbox"/> did not have sufficient funds on deposit or credit with the bank with which to pay the check on presentation in violation of G.S. 14-107(a)(1). <input type="checkbox"/> had previously presented the check or draft for the payment of money or its equivalent in violation of G.S. 14-107(a)(2).															
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NOTE: Do not use this form if the amount of the check is more than \$2,000.00. Use form AOC-CR-100.
(Over)

STATE VERSUS	_____ County	File No.
Name Of Defendant		If the Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.
Date Of Issuance Of Warrant For Arrest Misdemeanor Worthless Check		

RETURN OF SERVICE

I certify that the Warrant For Arrest issued in this case on the date noted above for the defendant named above, was received and served as follows:

Date Received	Date Served	Time Served	<input type="checkbox"/> AM	Date Returned
			<input type="checkbox"/> PM	

By arresting the defendant and bringing the defendant before:

Name Of Judicial Official

The Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return	Name Of Officer (type or print)
------------------------------------	---------------------------------

Department Or Agency Of Officer

REDELIVERY/REISSUANCE

Date	Name Of Clerk (type or print)	Signature Of Clerk	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
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RETURN FOLLOWING REDELIVERY/REISSUANCE

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Date Received	Date Served	Time Served	<input type="checkbox"/> AM	Date Returned
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(Over)

INSTRUCTIONS TO DEFENDANT

(only the checked block applies)

(Check this option if this is a fourth or subsequent offense.)

1. You must appear before a judge in District Court at the time and place specified on the front side. You may not plead guilty and pay the fine and costs before Court because of the nature of the offense.

(Check this option if this is not a fourth or subsequent offense.)

2. You do not have to appear in Court at the time and place specified if you waive your trial, plead Guilty and pay the amounts shown below for fine, court costs and restitution. You may do so by mail or in person so long as your payment is received by 5:00 p.m. on the last working day prior to your scheduled court date. **Date and sign this form in the space provided below and return this form and your payment as follows:**

(NOTE TO DEFENDANT: Waiver under this section is not available if Option 1 is checked above.)

Payment By Mail - Place your payment and this form in an envelope, affix a stamp and mail to: Clerk of Superior Court, _____, County Courthouse, _____, North Carolina _____. Payment must be made by **certified check, cashier's check or money order** payable to the Clerk of Superior Court. **Do not mail cash.**

PERSONAL CHECKS WILL NOT BE ACCEPTED.

Payment In Person - Deliver your payment and this form to the office of the Clerk of Superior Court at the above address during regular business hours or to any magistrate of the above county. Payment must be made by **cash, certified check, cashier's check or money order** payable to the Clerk of Superior Court. You may also pay by credit card, in person, in the clerk's office.

PERSONAL CHECKS WILL NOT BE ACCEPTED.

If you wish to contest the charge or the amount of your fine or restitution obligation, you must appear in person at the time and place specified on the front side for a trial before a judge in District Court or before a magistrate of this county. If your trial is before a magistrate and you then wish to contest the magistrate's decision, you may appeal for a trial before a judge in District Court. The time and place for the trial of your appeal will be set by the magistrate.

WARNING: If you decide to plead Guilty, you should mail or deliver your payment **promptly** to minimize your court costs. If you delay entering your plea and making the specified payment, you may be liable for the costs of serving subpoenas on witnesses plus witness fees.

WAIVER OF TRIAL - PLEA OF GUILTY - CONSENT TO ENTRY OF JUDGMENT

I acknowledge that I have been charged by the complainant indicated on the front side with a violation of G.S. 14-107 (worthless check).

I understand that I am presumed by law to be Not Guilty until proven Guilty beyond a reasonable doubt. Nevertheless, I do hereby waive my constitutional rights to a trial in open court, to confront the witnesses against me, and to representation by an attorney.

I hereby plead Guilty to this offense and tender to the Court the sums listed below as payment of the fine, costs and restitution in this case.

I request that the Court accept my waiver of trial, plea of Guilty and tender of fine, costs and restitution, and that a verdict of Guilty be entered. This request is made with the full understanding that a verdict of Guilty will be entered against my record, and it will have the same legal effect for all purposes as a verdict of Guilty after a trial.

Amount Of Fine	Court Costs	Restitution	Total Amount Due
\$	\$	\$	\$
Name(s) And Address(es) Of Person(s) To Receive Restitution			

Date	Signature Of Defendant
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STATE VERSUS	_____ County	File No. ▶
Name Of Defendant	*NOTE: Use this page to enter judgment on a Warrant For Arrest Misdemeanor Worthless Check. Use this Judgment page only if imposing judgment for a <i>misdemeanor</i> worthless check offense charged under this file number. Do not use this Judgment page to impose sentence: (i) if imposing separate judgments for separate offenses of conviction charged under this file number; (ii) to impose supervised probation; or (iii) for DWI sentences under G.S. 20-179. For DWI, use AOC-CR-342 (active) or AOC-CR-310 (probation). For structured sentencing offenses, use AOC-CR-602 (active) or AOC-CR-604 (probation).	
Date Of Issuance Of Warrant For Arrest Misdemeanor Worthless Check		

JUDGMENT		
District Attorney	<input type="checkbox"/> Def. Waived Attorney <input type="checkbox"/> Def. Found Not Indigent <input type="checkbox"/> Def. Denied Appointed Counsel	Attorney For Defendant <input type="checkbox"/> Appointed <input type="checkbox"/> Retained
		PRIOR CONVICTIONS: No./Level: 0 <input type="checkbox"/> I (0) <input type="checkbox"/> II (1-4) <input type="checkbox"/> III (5+)

OFFENSE: The worthless check offense which is charged in the Warrant For Arrest Misdemeanor Worthless Check issued in this case on the date noted above for the defendant named above, is the subject of this Judgment:

PLEA: guilty not guilty no contest _____ **VERDICT:** guilty not guilty _____ **MISD. CLASS:** 1 2 3

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is **ORDERED** that the defendant:

pay the following fine and costs:

Amount Of Fine	Costs
\$ _____	\$ _____

be imprisoned for a term of _____ days in custody of the sheriff. MCP. Other:* _____ Pretrial credit _____ days served.

Work release is recommended. is not recommended. (**NOTE:** To order work release, use form AOC-CR-602 to impose judgment.)

The Court finds that a longer shorter period of probation than that which is specified in G.S. 15A-1343.2(d) is necessary.

Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions:

1. commit no criminal offense in any jurisdiction. 2. possess no firearm, explosive or other deadly weapon listed in G.S. 14-269.
3. remain gainfully and suitably employed, or faithfully pursue a course of study or of vocational training that will equip the defendant for suitable employment and abide by all rules of the institution.
4. satisfy child support and family obligations, as required by the Court. 5. Submit to the taking of digitized photographs, including photographs of the defendant's face, scars, marks, and tattoos, to be included in the defendant's records. 6. pay to the Clerk the costs of court and any additional sums shown below.

Costs	Fine	Restitution**	Attorney's Fee	Community Service Fee	Other	Total Amount Due
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: (NOTE TO CLERK:** Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/ Certification Of Identity (Witness Attendance).")

- 7. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143B-708 within _____ days.
- 8. not be found in or on the premises of the complainant or _____.
- 9. not assault, communicate with or be in the presence of the complainant or _____.
- 10. refrain from maintaining a checking account or making or uttering a check for three years.
- 11. Other: _____

The Court finds just cause to waive costs as ordered on attached AOC-CR-415. AOC-CR-618. Other: _____.

It is **ORDERED** that this: Judgment is continued upon payment of costs.
 case be consolidated for judgment with _____.
 sentence is to run at the expiration of the sentence in _____.

COMMITMENT: It is **ORDERED** that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

Date	Name Of District Court Judge Or Magistrate (type or print)	Signature Of District Court Judge Or Magistrate
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APPEAL ENTRIES

The defendant, in open court, gives notice of appeal to the District Superior Court.

The current pretrial release order is modified as follows: _____

Date	Name Of District Court Judge Or Magistrate (type or print)	Signature Of District Court Judge Or Magistrate
------	--	---

CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.	Date	Date Delivered To Sheriff	Signature	<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Clerk Of Superior Court
---	------	---------------------------	-----------	--