STATE OF	NORTH	CAROLIN	IA	File No. (if applicable)		
		Coun	ity		Scan No. (Official Use Only)	
					In The General Court Of Justice	
North Carolina. If the and the name of the contained in this affid under oath. False sta person harmed by the	is Affidavit is p. defendant belo lavit may subje atements or the ose statements	rovided in a case a ow. An affidavit is a ect you to prosecut a unauthorized diso s. This Affidavit ma	already pending in the c a statement given under tion for the felony of per closure of information p ay be disclosed to the pu	ourts, include t oath that its co ury, N.C.G.S. otected by law ublic as provide	<i>ublic official authorized by law to administer an oath in</i> the file number and county in which the case is pending above ontents are true and accurate. Any false statement or information 14-209, or under other statutes that prohibit false statements of from disclosure also might subject you to civil liability to any ed in the North Carolina Public Records Act, N.C.G.S. Chapter confidential," privileged," or any similar terms.	
	STATE	VERSUS				
Name Of Defendant (if ap	oplicable)					
Name Of Affiant (type or	print)				AFFIDAVIT	
Agency (if law enforceme	ent officer)					
			AFFI		hat Affiant is competent to give the testimony below. Affiant	
information and be	lief, which Aff	iant believes to b	be true and for which t	•	s to statements specifically identified below as made upon information and the basis for belief are stated.	
	ages are need		C-CR-158A (Affidavit Col			
another person for an but read the Affidavit	n Affiant who ui completely to t	nderstands English the Affiant before a	h but cannot read, do no administering the oath/at	t swear the scr firmation. For a	/affirmation on the last page. If the Affidavit was transcribed by ribe to the Affidavit. Only the Affiant is to be sworn to the Affidavit, an Affidavit translated into English from a statement in another the Affidavit on Side Two of the last page.	
SWORN/AFFIRI	MED AND S	SUBSCRIBED	TO BEFORE ME	Date		
Date	Name (type or	print)		Signature Of Af	fiant	
Notary	Signature					
SEAL	Date My Commission Expires County Where Notarized					
Deputy CSC	Assistant CSC	Clerk Of Superio				

AOC-CR-158, New 12/17

© 2017 Administrative Office of the Courts

Name	Of	Translator	(type	or	print)
1101110	<u> </u>	manolator	(1) PO	0,	p

## TRANSLATOR'S AFFIDAVIT

I, the translator named above, having been duly sworn or affirmed, depose and say the following:

I have translated into English the Affidavit on the reverse and all additional pages of this Affidavit from \_

(identify original language)

and I hereby certify that the translation is a true, complete, and accurate translation to the best of my knowledge and ability based upon (check one)

the Affiant's verbal relation to me, for which this Affidavit also is a complete and accurate transcription of the verbal statements as related to me, without material omission or substantive alteration.

the Affiant's written statement in its original language, which is attached to this Affidavit and incorporated herein by reference.

I further certify that I'm qualified to render such a translation by:

interpreter; federal certification by the Administrative Office of the United States Courts (AOUSC) as a court interpreter;

certification by the North Carolina Administrative Office of the Courts (NCAOC) as a court interpreter;

ATA certification in the requested language combination; and/or

(state other basis for qualification to translate)

SWORN/AFFIRM	IED AND SUBSCRIBE	D TO BEFORE ME	Date
Date	Name (type or print)		Signature Of Translator
Notary	Signature		
SEAL	Date My Commission Expires	County Where Notarized	
Deputy CSC A	e Clerk Of Supe	•	