		AFFIDAVIT CO	ONTINUATION			
Name Of Affiant (type or	print)					
				as a continuation of the testimony on the		
This is page number of (total number of pages). NOTE: If additional pages are needed, use form AOC-CR-158A (Affidavit Continuation) for all subsequent pages.						
another person for an but read the Affidavit	n Affiant who understands Englis completely to the Affiant before	sh but cannot read, do not administering the oath/af	t swear the scribe to the A firmation. For an Affidavit ne translator to the Affida	n on the last page. If the Affidavit was transcribed by Affidavit. Only the Affiant is to be sworn to the Affidavit, translated into English from a statement in another vit on Side Two of the last page.		
SWORN/AFFIRI	MED AND SUBSCRIBED	TO BEFORE ME	Date			
Date	Name (type or print)		Signature Of Affiant			
Notary	Signature					
SEAL		County Where Notarized				
Deputy CSC Superior Court Judg	Assistant CSC Clerk Of Superior District Court Ju	_				

AOC-CR-158A, New 12/17

		TRANSLATOR	R'S AFFIDAVIT				
Name Of Translator (type	or print)						
1 46 - 4	and above the size at the same dut						
i, the translator han	ned above, having been dul	y sworn or affirmed, dep	pose and say the followi	ng:			
I have translated into English the Affidavit on the reverse and all additional pages of this Affidavit from							
and I haraby cortifus	that the translation is a true	complete, and accurate	translation to the best of	(identify original language)			
		•		my knowledge and ability based upon (check one)			
	oal relation to me, for which ithout material omission or		complete and accurate	transcription of the verbal statements as			
the Affiant's writ	ten statement in its original	l language, which is att	ached to this Affidavit a	nd incorporated herein by reference.			
I further certify that	I'm qualified to render such	n a translation by:					
federal certificat	ion by the Administrative C	office of the United State	es Courts (AOUSC) as	a court interpreter;			
certification by t	ne North Carolina Administ	rative Office of the Cou	ırts (NCAOC) as a cour	t interpreter;			
ATA certification	in the requested language	e combination; and/or					
(state other basis	for qualification to translate)						
OW/ODN/AFFIDE	AED AND OUROODIRE	D TO DEFORE ME	Date				
SWORN/AFFIRM	MED AND SUBSCRIBE	D TO BEFORE ME					
Date	Name (type or print)		Signature Of Translator				
Signature Notary							
SEAL	Date My Commission Expires	County Where Notarized					
Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate							
Superior Court Judge District Court Judge							