STATE OF NORTH CAROLINA

_____ County

In The General Court Of Justice

LIST OF PRISONERS CONFINED

G.S. 7A-109.1, 153A-229

Name	Date of Confinement	Attorney, If Known	Offense Or Other Reason For Holding	Conditions Of Release	Next Court Date And Division

Date	*Signature*	*Date*	*Signature*
Name of Detention Facility		☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court*	

NOTE: This form must be completed by the custodian of the detention facility and delivered to the Clerk of Superior Court to enable the clerk to comply with the provisions of G.S. 7A-109.1.

Original-Clerk of Superior Court Copy-Jailer

AOC-CR-209, Rev. 9/03

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