

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

 District Superior Court Division**STATE VERSUS**

Name Of Defendant

Drivers License No.

State

Race

Sex

Date Of Birth

Full Social Security No.

Age At Time Of Offense

Attorney For State

 Def. Found
Not Indigent Def. Waived
Attorney

Attorney For Defendant

 Appointed
 Retained

G.S. 15A-151

Crt Rptr Initials

FINDINGS AND REQUEST

The Court hereby finds that:

1. The defendant has been charged with an offense that may qualify the defendant for a conditional discharge under: (one of the following **must be checked**) G.S. 90-96. G.S. 90-113.14. G.S. 14-50.29. G.S. 14-204. G.S. 14-277.8. G.S. 14-313. G.S. 15A-1341.
2. In the absence of a prior conditional discharge or placement on probation that would disqualify the defendant, he/she is otherwise eligible for such conditional discharge under the statute identified.
(Check either No. 3 or 4.)
3. The defendant has pled guilty to or been found guilty of the offense charged.
4. In anticipation of the disposition of the charge(s), and in the interest of an expeditious resolution in the event of a possible verdict of guilt, the State and defendant jointly have requested, as indicated by their signatures below, that the Court determine in advance whether the defendant has a prior conditional discharge or placement on probation that would disqualify him/her for conditional discharge upon conviction of the present charge(s).

Date	Signature	<input type="checkbox"/> District Attorney <input type="checkbox"/> Assistant DA	Date	Signature	<input type="checkbox"/> Defendant <input type="checkbox"/> Atty For Defendant
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5. It is therefore requested that the Administrative Office of the Courts complete the Report below and return it to the Clerk of Superior Court, Attn: Presiding Judge. This is:

 a. a **Regular Request**. b. an **Expedited Request** for defendant's court appearance on (date) _____.**Name/Title Of Requestor** _____ (person faxing document to NCAOC)**Fax No. For Returning Document** _____ (NCAOC will fax back to this No. This No. must be a fax in CSC's office.)**Phone No. Of Clerk To Receive Fax:** _____ (NCAOC will call to notify clerk they are faxing document back to CSC.)

Date	Name Of Presiding Judge (type or print)	Signature Of Presiding Judge
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NOTE TO COURT: Send the above Request by Mail or Fax for regular requests. Send by Fax or Phone for expedited requests.**Mail To:** Courier Box 56-10-50
NC Administrative Office of the Courts
Attn: Records Officer
PO Box 2448
Raleigh, NC 27602**Fax To:** NCAOC Court Services
Attn: Expunction Team
(919) 890-1991**Phone To:** NCAOC Court Services
(919) 890-1400**NCAOC USE ONLY****NOTE TO COURT SERVICES STAFF:** Record all information below for all requests. For all phone requests: (i) complete the second row below; (ii) transcribe all information above as relayed by the requester; (iii) record a dash (---) in any identifying field above for which the requester provides no information; and (iv) upon delivery of the original signed by the judge, attach the transcribed copy to the original.

Date Request Received	Time Received <input type="checkbox"/> AM <input type="checkbox"/> PM	Received By <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone	Received By (type or print)		
PHONE REQUESTS:	Requester Name (type or print)	<input type="checkbox"/> CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Dep. CSC <input type="checkbox"/> Judge <input type="checkbox"/> TCA/TCC/JSS	Requester Phone No.	Requesting Judge Name (type or print)	<input type="checkbox"/> DCJ <input type="checkbox"/> SCJ
Report Run Date	Report Run Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Report Run By (type or print)	Response Delivered By <input type="checkbox"/> Mail <input type="checkbox"/> Fax at CSC Fax No. _____		

REPORT BY ADMINISTRATIVE OFFICE OF THE COURTS**To Any Presiding Judge In The Above-Named County And Court: (Confidential)**

I have searched the confidential file containing the names of all persons granted conditional discharges in North Carolina and certify that

there is no record under the name of the defendant of any conditional discharge under any statute of North Carolina.

there is a record under the name of the defendant identified above and it is attached to this form.

Date	Name Of Records Officer (type or print) Ashley M. Naleimaile	Signature Of Records Officer
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NOTE TO CLERK: Upon receipt of this report from the NCAOC, keep it under seal until it is provided to the judge upon disposition of the charge(s) in the above-captioned case. Upon disposition of the charge(s) and expiration of the deadline for appeal, destroy this request and any documentation provided by the NCAOC in response to the Court's request.