

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

STATE VERSUS

Name Of Defendant

**NOTICE OF INTENT TO USE REMOTE
TESTIMONY OF ANALYST AND CHAIN OF
CUSTODY WITNESSES IN DISTRICT COURT**

G.S. 15A-1225.3(b1); 20-139.1(c6)

FORENSIC ANALYST REMOTE TESTIMONY

1. The defendant is hereby notified that, pursuant to G.S. 15A-1225.3(b1), the State intends to introduce, by remote testimony in real time, the testimony of an analyst regarding the results of forensic testing reported by that analyst and the testimony of each person in the associated chain of custody.
2. A copy of the report(s) (check one)
- a. has previously been provided to the defense.
- b. is attached to this notice.
3. The State intends to introduce this remote testimony at a proceeding scheduled on (date) _____ and at any subsequent proceedings in this matter in District Court.

CHEMICAL ANALYST REMOTE TESTIMONY - BLOOD OR URINE

1. The defendant is hereby notified that, pursuant to G.S. 20-139.1(c6), the State intends to introduce, by remote testimony in real time, the testimony of an analyst regarding the results of blood or urine testing reported by the analyst and the testimony of each person in the associated chain of custody.
2. A copy of the report(s) (check one)
- a. has previously been provided to the defense.
- b. is attached to this notice.
3. The State intends to introduce this remote testimony at a proceeding scheduled on (date) _____ and at any subsequent proceedings in this matter in District Court.

SIGNATURE OF PROSECUTOR

Date

Name Of Prosecutor (type or print)

Signature Of Prosecutor

CERTIFICATE OF SERVICE

I certify that a copy of this notice was served by:

- delivering a copy personally to the defendant's attorney. defendant.
- depositing a copy, enclosed in a postpaid properly addressed envelope, in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the defendant's attorney. defendant at the following address:

Address

- leaving a copy at the office of the defendant's attorney with the following partner or employee:

Name And Title Of Person With Whom Copy Left

- Other: _____

Date Served

Signature Of Person Serving

Title Of Person Serving

ACCEPTANCE OF SERVICE

- Service accepted by the defendant's attorney. defendant.

Date Service Accepted

Signature Of Person Accepting Service

Original - File Copy - Defendant