# STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

| Name Of Plaintiff | CIVIL SUMMONS<br>DOMESTIC VIOLENCE<br>☐ ALIAS AND PLURIES SUMMONS |
|---|---|
| Address | |
| City, State, Zip | |
| **VERSUS** | G.S. 50B-2(a) |
| Name Of Defendant | Date Original Summons Issued |
| | Date(s) Subsequent Summons(es) Issued |

**To The Defendant Named Below:**

Name And Address Of Defendant

**A Civil Action Has Been Commenced Against You!**

**You are notified to appear and answer the complaint of the plaintiff as follows:**

1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within ten (10) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address; and

2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

| Name And Address Of Plaintiff's Attorney (if none, Address Of Plaintiff) | Date Issued | Time ☐ AM ☐ PM |
|---|---|---|
| | Signature | |
| | ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Designated Magistrate | |

☐ **ENDORSEMENT**
This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

| Date Of Endorsement | Time ☐ AM ☐ PM |
|---|---|
| Signature | |
| ☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court | |

(Over)


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## RETURN OF SERVICE

I certify that this Summons and a copy of the complaint ☐ and a copy of the ex parte order were received and served as follows:

### DEFENDANT

| *Date Served* | *Time Served* ☐ AM ☐ PM | *Name Of Defendant* |
|---|---|---|
| | | |

☐ By delivering to the defendant named above a copy of the summons and complaint.

☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing within.

*Name And Address Of Person With Whom Copies Left*

| | *Date Accepted* | *Signature* |
|---|---|---|
| ☐ Acceptance of service. Summons and complaint ☐ and ex parte order received by: ☐ Defendant. ☐ Other: *(type or print name)* | | |

☐ Other manner of service *(specify)*

☐ Defendant WAS NOT served for the following reason:

| *Service Fee Paid* | *Signature Of Deputy Sheriff Making Return* |
|---|---|
| $ | |
| *Date Received* | *Name Of Sheriff (type or print)* |
| *Date Of Return* | *County Of Sheriff* |


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