STATE OF NORTH CAROLINA	File No.				
County	In The General Court Of Justice District Court Division				
Name Of Plaintiff	CIVIL SUMMONS NO-CONTACT ORDER FOR STALKING OR NONCONSENSUAL				
VERSUS	SEXUAL CONDUCT				
Name Of Defendant	ALIAS AND PLURIES SUMMONS				
	G.S. 1A-1, Rules 3 and 4 Date Original Summons Issued				
	Date(s) Subsequent Summons(es) Issued				
To The Defendant Named Below:					
Name And Address Of Defendant					
possible, and, if needed, speak with someone iMPORTANTE! iSe ha entablado un proceso iNO TIRE estos papeles! Tiene que contestar a más tardar en 10 días.					
 Serve a copy of your answer on the plaintiff or the plaintiff's atto 	orney by personal delivery or mail at the address listed below.				
If you fail to answer the complaint, the plaintiff will apply to the Cour	rt 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	Date Of Endorsement Time AM PM				
above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is	Signature				
extended sixty (60) days.	Deputy CSC Assistant CSC Clerk Of Superior Court				

		RETURN C	F SERVICE			
I certify that this Summons and a copy of the complaint and Temporary No-Contact Order and Notice Of Hearing on a No-Contact 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 therein, who is named below. 						
Name And Address Of Person With Wh	om Copies Left					
Defendant WAS NOT served for the following reason:						
Date Received			Signature Of Deputy Sheriff Making Return			
Date Of Return			Name Of Deputy Sheriff N	Making Retu	rn (type or print)	
			County Of Sheriff			