

**STATE OF NORTH CAROLINA**

Court File No.

IV-D Case No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name Of Plaintiff

**VERSUS**

Name Of Defendant

Name And Address Of Obligor

**ORDER AUTHORIZING  
REINSTATEMENT OF OBLIGOR'S  
LICENSING PRIVILEGES**

Date Of Birth

Race

Sex

G.S. 50-13.12; 110-142.2

The Court makes the following findings of fact and conclusions of law based on the record and the evidence presented.

**FINDINGS**

1. This matter is before the Court on the obligor's petition for reinstatement of licensing privileges. Proper notice of the hearing on this petition was given to the obligee.
2. The following licensing privileges of the obligor were revoked by the Court on \_\_\_\_\_ (date) pursuant to G.S. 50-13.12 or G.S. 110-142.2 based on the obligor's willful failure to pay court-ordered child support.  
 Hunting \_\_\_\_\_  Fishing \_\_\_\_\_  Trapping \_\_\_\_\_  
 Driving  Other (specify) \_\_\_\_\_
3. The obligor has agreed to continue to pay the full amount of his/her current child support obligation as it becomes due and to pay over time the full amount of the delinquent support that he/she owes.

**CONCLUSION**

Based on the foregoing Findings, the Court, in the exercise of its discretion, concludes that some or all of the obligor's licensing privileges should be reinstated under G.S. 50-13.12(d) or G.S. 110-142.2(e).

**ORDER**

It is hereby ORDERED that:

1. The following licensing privileges of the obligor are hereby REINSTATED and, upon receipt of this Order, the appropriate licensing board shall reinstate the obligor's license if the obligor is otherwise eligible for a license and meets any other requirements of law regarding reinstatement of his/her licensing privileges.

Type(s) of License	License Number(s)	Name And Address Of Issuing Agency
<input type="checkbox"/> Hunting _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Fishing _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Trapping _____		N. C. Wildlife Resources Commission, 1707 Mail Service Center, Raleigh, NC 27699-1707
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Driving		N. C. Division of Motor Vehicles, 1320 Mail Service Center, Raleigh, NC 27699-1320
<input type="checkbox"/> Motor Vehicle Registration ( IV-D only)		N. C. Division of Motor Vehicles, 1320 Mail Service Center, Raleigh, NC 27699-1320

This reinstatement is subject to the following terms and conditions. First, that the obligor shall continue to pay current child support in the amount shown below. Second, that the obligor shall pay the full amount of the delinquency owed under said order by making additional payments as shown below and continuing until all delinquencies under said order are paid.

Amount Of Current Support Obligation	Additional Payment On Delinquency	Total Amount Due
\$	\$ (Beginning _____ Date)	\$
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify) _____		

2. A true copy of this Order constitutes the "certification" referred to in G.S. 50-13.12(d) and G.S. 110-142.2(e), (f), and (g). The  Clerk or  IV-D agency shall provide a copy of this Order to the obligor. Upon request of the obligor, the clerk, or  IV-D agency shall mail a copy of this certification to the appropriate agency.

Date Order Entered (if different from date signed)	Date Signed
Name Of Presiding Judge (Type Or Print)	Signature Of Presiding Judge

**CERTIFICATION**

I certify that this is a true copy of an original order on file in the office of the Clerk of Superior Court.

Date Of Certificate	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC
		<input type="checkbox"/> Clerk Of Superior Court	<input type="checkbox"/> IV-D Agency

**CERTIFICATE OF MAILING**

At the request of the obligor, a copy of this Order was mailed by first class mail on the date shown below to the agency(ies) shown on the reverse side.

Date Of Mailing	Signature
Date Of Certificate	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> IV-D Agency