STATE OF		ORTH CAROLINA		Fil	e No.					
SIAIEUI										
County				In The General Court Of Justice Superior Court Division						
	STATE VERSUS									
Name Of Defendant				NOTICE OF INTENT TO DISPOSE OF BIOLOGICAL EVIDENCE AND REQUEST FOR PRESERVATION G.S. 15A-268						
Filo No (s)	Off.	Offense Description		G.S. No.	Offense	Conviction			Class	
File No.(s)	011.	Offense Description		G.S. NO.	Date	Date	Plea		Class	
		CUSTODIAN'S NOTICE T	O DIS	STRICT ATTO	RNEY					
TO THE DISTRICT ATTORNEY OF THE ABOVE-CAPTIONED COUNTY:										
investigation or int evidence within th for proceedings be the retention perio thereof in complian	roduced e scope efore the d(s) spe	ve-captioned proceeding(s) was convicted of the offe d at trial in this proceeding(s), currently is in the cust of G.S. 15A-268. The undersigned custodian has d e N.C. Innocence Inquiry Commission and hereby gi ecified in G.S. 15A-268(a6) for the above offense(s) in G.S. 15A-268(b)(3)d.	ody of t letermir ives not	the custodial agen ned that it has no o tice of its intent to o	cy identified belo luty under G.S. dispose of the e indersigned rece	ow and constitute 15A-1471 to pres xhibit(s) prior to t sives a request fo	es biolo serve th he expl or prese	gical le exh iration ervatio	ibit(s) of n	
Exhibit No.	Description And Notes, If Applicable				I Offered (√)	-	Admitted			
See additiona		pit list, attached.								
Date	Date Name Of Custodian (type or print)				Signature Of Custodian					
Deputy CSC Assistant CSC Clerk Of Superior Court				Title (if other than Clerk)						
Custodian's Agency (if other than Clerk)				Address Of Custodia	an					
Police Department										
	County Sheriff's Depar									
Other:										

NOTICE TO DEFENDANT AND INTERESTED PARTIES									
The custodial agency in custody of the above-listed exhibits constituting biological evidence in the above-captioned proceeding has given notice of its intent to dispose of the exhibits. The undersigned district attorney hereby gives notice of the custodian's intent to dispose of the evidence and advises that the custodian may dispose of the evidence unless a request for preservation thereof in compliance with G.S. 15A-268(b)(3)d. and for one of the reasons specified below in "Request For Preservation of Evidence" is received by the custodian at the address on Side One within 90 days of defendant's receipt of this notice.									
DISTRICT ATTORNEY CERTIFICATE OF SERVICE									
 NOTE: Upon completion of this Certificate of Service, return a copy of this notice to the custodian identified on Side One. I certify that on this date I gave notice of the above-named custodian's intent to dispose of the exhibit(s) listed on Side One to the parties identified and by the methods indicated below. 1. a. To the defendant by delivery to the attention of the superintendent of the correctional institution where the defendant currently is incarcerated. 									
Name Of Superintendent	Name Of Correctional Institution								
b. To the defendant currently not incarcerated in connection v	th the above-captioned proceeding(s), by first-class mail to:								
Address	ource Of Address ACIS Defendant District Attorney's File Other:								
2. a. To the defendant's counsel in the above-captioned proceed	ding:								
Name Of Defense Counsel	Defense Counsel Address								
 b. To no counsel because the defendant was unrepresented i 3. To the Office of Indigent Defense Services by first-class mail to: 									
Date Name (type or print)	Signature District Attorney								
NOTE: Forward to new facility if inmate has been transferred. Upon certific									
Side One. I, the undersigned, being duly sworn or affirmed hereby declare that: as the superintendent of the correctional institution named below, I personally delivered a copy of this notice to the defendant on the date indicated below. I did not deliver a copy of this notice to the defendant, because the defendant is no longer incarcerated in a correctional institution of the North Carolina Division of Adult Correction and Juvenile Justice as of the date of receipt of this notice. SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME Date Of Delivery To Defendant Date Signature Of Person Authorized To Administer Oaths Date Of Certification Date Of Certification									
	Name Of Superintendent (type or print)								
Deputy CSC Assistant CSC CSC Magistrate									
Date My Commission Expires	Signature Of Superintendent								
SEAL County Where Notarized	Name Of Correctional Institution								
REQUEST FOR PRESE	ERVATION OF EVIDENCE								
NOTE TO REQUESTER: A request that the agency in custody of exhibits listed on Side One of this notice not dispose of the exhibits must be sent to the custodian at the address listed on Side One. Now comes the undersigned, and requests that the agency identified as custodian in the above Notice Of Intent To Dispose Of Biological Evidence not dispose of the exhibit(s) listed for the following reason(s): 1. The conviction(s) entered in the following file number(s) listed in the notice on Side One currently is on appeal:									
File No.(s).									
2. The conviction(s) in the following file number(s) listed in the notice on Side One currently is in post-conviction proceedings:									
File No.(s). Type Of Post-Con	nviction Proceeding Court In Which Proceeding Filed (if not in county of conviction)								
 3. (Defendant or Defendant's Representative Only) The defendant in the above-captioned proceeding(s) will file within 180 days of this request a motion for DNA testing of one or more exhibit(s) listed above, pursuant to G.S. 15A-269. 4. The above-captioned proceeding(s) has been referred for review by the N.C. Innocence Inquiry Commission. 									
Date Name Of Requester (type or print)	Signature Of Requester								
Defendant Indigent Defense Services	Title (if not defendant or counsel for defendant)								
Counsel For Defendant Other:									

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