

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
Before The Clerk**Administrative Office of the Courts, Claimant Agency****VERSUS**

Name And Address Of Debtor

**NOTICE OF HEARING  
SETOFF DEBT COLLECTION**

G.S. 18C-134; 105A-8

**TO: Debtor listed above**A hearing on the validity of the claim of the State of North Carolina to the  income tax refund  lottery winnings due to the debtor named above will be held on the date and at the time and location shown below.

Date Of Hearing

Time Of Hearing

 AM  PM

Date

Location Of Hearing

Signature

 Deputy CSC Assistant CSC Clerk Of Superior Court**CERTIFICATE OF SERVICE**

I certify that on the date shown below a copy of this Notice was served on each party by depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

Name And Address Of Debtor

Name And Address Of Claimant Agency

**Administrative Office of the Courts  
Setoff Debt Collection Office  
PO Box 2448  
Raleigh, NC 27602  
FAX: (919) 890-1959**

Date

Signature

 Deputy CSC Assistant CSC Clerk Of Superior Court**NOTE TO CLERK:** Mail a copy to the debtor by first class mail. In addition, the clerk may serve notice on the claimant agency by fax.**\*\*\*FAX COPY OF NOTICE OF HEARING TO SETOFF DEBT OFFICE AT (919) 890-1959  
COVER SHEET NOT REQUIRED**

Original-File Copy-Debtor Copy-AOC