

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:**APPELLATE ENTRIES
IN ABUSE, NEGLECT, DEPENDENCY, OR TERMINATION
OF PARENTAL RIGHTS PROCEEDING**

G.S. 7B-1001

Name And Address Of Appealing Respondent

Name And Address Of Petitioner's Attorney

Name And Address Of Appealing Respondent's Attorney In District Court (if respondent did not have an attorney, indicate that fact in this box, e.g., "Respondent represented self")

Telephone No.

Petitioner's Attorney's Email Address (if available)

Name And Address Of Juvenile's Attorney Advocate

Telephone No.

Respondent's Attorney's Email Address (if available)

Name Of Co-Respondent

Telephone No.

Name And Address Of Co-Respondent's Attorney In District Court (if co-respondent did not have an attorney, list the co-respondent's address)

Juvenile's Attorney Advocate's Email Address (if available)

Telephone No.

Co-Respondent's Attorney's Email Address (if available)

Respondent's Initial Appellate Counsel

- ☐ The Appellate Defender, 123 W. Main Street, Suite 308
Durham, NC 27701 (919) 354-7230
email: appellatedefender@nccourts.org
(The Appellate Defender is appointed when the respondent is indigent.)
- ☐ Name, address, telephone number and email address (if available) of retained appellate counsel

☐ Additional Sheet Attached

NOTE: In this box the Clerk should list the name, address, telephone number, and email address (if available) of counsel for the following potential parties, specifying the represented party's name and party status (attach additional sheets if necessary): respondent(s) not listed above; non-respondent parent(s), unless his or her parental rights have been terminated in a prior proceeding; judicially appointed guardian(s) or custodian(s) of the juvenile; guardian(s) ad litem for respondent(s); any other person specifically designated by the Court. If a party is not represented by counsel, list the party's name, party status, address, telephone number, and email address (if available).

Date(s) Of Hearing(s) On Which Appealed Order(s) Is Based

INITIAL APPEAL ENTRIES

- Pursuant to G.S. 7B-1001, the respondent has given Notice of Appeal to the N.C. Court of Appeals from the District Court's Order
☐ rendered on (specify date(s)) _____. ☐ filed on (specify date(s)) _____.
- The respondent does not read or speak the English language, but reads and/or speaks his or her native language of _____. The Court therefore authorizes the services of a language translator or interpreter during the pendency of the appeal for the purposes of (1) written translation of attorney-client correspondence, assignments of error in the settled record on appeal, appellate briefs filed by the defendant and the State, and appellate opinion(s), and/or (2) verbal interpretation of attorney-client communication at each critical stage of the appellate proceedings.

The Court further Orders that a language translator or interpreter with the necessary knowledge, skill, experience, training and education to perform the above services shall be selected and paid by the Administrative Office of the Courts.

(Over)

3. Based on the respondent-appellant's affidavit of indigency, the Court finds that

☐ The respondent is not indigent.

☐ The respondent is indigent. Therefore, it is ORDERED that the respondent is allowed to appeal as an indigent and

a. The Office of Indigent Defense Services shall pay the costs of producing a transcript for the respondent and of reproducing the record and the respondent's brief and other pleadings.

b. The Appellate Defender is appointed to perfect the respondent's appeal.

c. The Clerk shall furnish to appellate counsel for all parties a copy of the complete trial division file in the abuse, neglect, dependency, and/or termination of parental rights case, including any documentary exhibits.

d. The Clerk has duplicated the audio recording of the hearing(s), date(s) listed above, and shall deliver the duplicate recording, two copies of these Appellate Entries, and a copy of the order upon which this appeal is based to the person designated by the AOC Court Reporter Coordinator to produce a transcript of the hearing(s) pursuant to the Appellate Rule 3.1. No fee shall be charged for the cost of the duplicate recording.

e. The Clerk shall deliver to the Office of the Appellate Defender a copy of these Appellate Entries and a copy of the order(s) from which the respondent appeals.

f. The Clerk also shall deliver a copy of these Appellate Entries to counsel for all other parties, or to the parties themselves if not represented by counsel.

Date	Name Of Presiding Judge (type or print)	Signature Of Presiding Judge Or Chief District Court Judge
------	---	--

TRACKING AND RECEIPT

On (date) _____, the AOC Court Reporter Coordinator designated the person named below to receive a duplicate recording of the hearing(s) in this action and a copy of the court order.

Name, Address, And Telephone No. Of Authorized Person (type or print)

Telephone No.

The Court orders that this person maintain strict confidentiality of the record(s) in accordance with the statutes. This person shall return the duplicate recording of this proceeding and the copy of the court order to the custody of the Clerk of Superior Court immediately upon the completion of the transcription of this matter. The Clerk, upon receipt of the duplicate recording of this confidential proceeding, shall erase it.

I have transmitted to the authorized person named above the duplicate recording, two copies of these Appellate Entries, and a copy of the court order by

☐ personally delivering those items to that person. ☐ mailing those items via the U.S. Postal Service to that person.

Date Duplicate Recording Transmitted	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
--------------------------------------	-----------	--

The duplicate of the recording and the order have been returned to the Clerk of Superior Court by the authorized person.

Date Returned	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
---------------	-----------	--

CERTIFICATION

I certify that this Appellate Entries form is a true and complete copy of the original on file in this case.

Date	Signature And Seal	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
------	--------------------	---