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| NORTH CAROLINACOUNTY OF WAKE | IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION  FILE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Assigned Judge:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Plaintiff,v.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant. |  **ORDER TO APPEAR AND SHOW CAUSE** |

**TO THE** [ ]  **PLAINTIFF** [ ]  **DEFENDANT NAMED ABOVE:**

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| Name and address of Person to be Served: |
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The Court finds probable cause to believe that you are in civil or criminal contempt for failing to comply with the Court’s order as specified in the Motion for Order to Show Cause and Motion for Contempt (DATED: ), **a copy of which is attached**. You are hereby ordered to appear at the dates, times and places set out below to show cause, if any, why the Court should not enter an order holding you in civil or criminal contempt. Your failure to appear as ordered may result in the issuance of an Order for Arrest.

**ADVISEMENT HEARING:**

At this hearing you will be advised of your legal rights regarding counsel. **The Moving Party is not required to be present for this hearing.**

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| *Date of Hearing* | *Time of Hearing*[ ]  a.m. [ ]  p.m. | *Length of Hearing* | Wake County Courthouse, Courtroom \_\_\_\_\_\_\_\_\_316 Fayetteville StreetRaleigh, North Carolina 27601 |

**SHOW CAUSE HEARING:**

|  |  |  |  |
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| *Date of Hearing* | *Time of Hearing*[ ]  a.m. [ ]  p.m. | *Length of Hearing* | Wake County Courthouse, Courtroom \_\_\_\_\_\_\_\_\_316 Fayetteville StreetRaleigh, North Carolina 27601 |

This the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.

 DISTRICT COURT JUDGE

## CERTIFICATE OF SERVICE

 I hereby certify that a copy of this Order to Appear and Show Cause has been served on the opposing party/counsel in the following manner:

**[ ]** By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** By certified mail, return receipt requested to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *[Note: the return receipt green card must be filed with the clerk’s office to show proof of service]*

**[ ]** By Sheriff to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** By facsimile to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[ ]** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Plaintiff [ ]  Defendant

[ ]  Attorney for Plaintiff [ ]  Attorney for Defendant

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| **SHERIFF COMPLETES THE FORM BELOW THIS BOX** |

I certify that this Order to Appear and Show Cause was received and served as follows:

|  |  |
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| Date Served: | Name of Obligor: |

[ ]  By delivering to the Obligor named above a copy of this Order.

**[ ]**  By leaving a copy of this Order at the dwelling house or usual place of abode of the obligor named above with a person of suitable age and discretion then residing therein.

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| --- |
| Name And Address Of Person With Whom Copies Left: |

**[ ]**  The obligor **WAS NOT** served for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Date Received: | Name Of Sheriff: |
| Date Of Return: | County: |
| Service Fee: | Deputy Sheriff Making Return: |