

In the General Court of Justice Superior Court Division  <b>STATE OF NORTH CAROLINA</b> COUNTY OF MECKLENBURG		File No.  Additional File Nos.
<b>STATE VERSUS</b>		<b>EXPEDITED SCHEDULING CONFERENCE ORDER</b>
Name of Defendant		
Name of Co-defendant(s), if Any		
Defendant is in custody: <input type="checkbox"/> YES <input type="checkbox"/> NO	Defendant is represented by counsel: <input type="checkbox"/> YES Counsel was <input type="checkbox"/> Appointed <input type="checkbox"/> Retained	
Defendant present: <input type="checkbox"/> YES <input type="checkbox"/> NO		
The ADA and Defense Attorney certify the defendant does <b>NOT</b> have any other pending misdemeanor or felony cases that will impact these cases? <input checked="" type="checkbox"/> YES		
The ADA and Defense Attorney certify there are no conflicts existing regarding this case(s). <input checked="" type="checkbox"/> YES		
The ADA and Defense Attorney certify all Discovery has been provided and received. <input checked="" type="checkbox"/> YES		
The ADA and Defense Attorney certify a written plea offer has been provided to and discussed with defense counsel. The Defense Attorney further certifies a discussion has taken place with defendant. <input checked="" type="checkbox"/> YES		
The ADA and Defense Attorney certify there is no belief the case should be declared Exceptional: <input checked="" type="checkbox"/> YES		
Printed Name and Signature of Prosecutor. Signature indicates all information above is correct and true:  _____, Assistant District Attorney	Printed Name & Address and Signature of Defense Counsel. Signature indicates all information above is correct and true:   	
Date of Scheduling Conference:	Next Hearing Date and Time: _____/_____/_____ at _____ : _____.m.  <input checked="" type="checkbox"/> Arraignment in Courtroom 5350	
TCA/Designee (Type or Print):	Signature of TCA/Designee:	