

EXHIBIT TWO

STATE OF NORTH CAROLINA New Hanover County	<i>File No.</i>
STATE VERSUS	In The General Court Of Justice <input type="checkbox"/> District <input type="checkbox"/> Superior Court Division
<i>Name Of Defendant</i>	PRETRIAL RELEASE AGREEMENT
G.S. 15A-534	

Offenses And Additional File Numbers

See Attachment

<i>Location Of Court</i> New Hanover County Courthouse, Room	<input type="checkbox"/> District <input type="checkbox"/> Superior	<i>Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
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I understand that I am to be supervised by New Hanover County Pretrial Release Services and agree to abide by all **Conditions and Requirements** as listed below and any other conditions ordered by the Court. I understand that if I fail to appear for any court date, I will be arrested and may be charged with the crime of willful failure to appear. I may also be arrested without a warrant for violating any condition of release in this Order or in any document incorporated by reference.

CONDITIONS AND REQUIREMENTS

1. \$ _____ Secured Bond Unsecured Bond Cash
2. Report to Pretrial Release Services as directed.
3. Appear before the Court as provided above and at all subsequent continued dates.
4. Do not become involved in any criminal activity.
5. Reside in North Carolina and do not leave the state unless approved by the Court.
6. Comply with a curfew of ____ a.m./p.m. to ____ a.m./p.m.
7. Do not use or possess alcohol or any illegal substances.
8. Obtain a substance abuse assessment and comply with recommended treatment.
9. Obtain a mental health assessment and comply with recommended treatment.
10. Do not have any contact with co-defendant(s).
11. Do not threaten, harass, intimidate, or have any contact, direct or indirect, with alleged victim(s) or witness(es).
12. Do not possess a firearm or other dangerous weapon.
13. House arrest with electronic monitoring. You may leave your residence for the purpose(s) of
 Employment Counseling Course of Study Vocational Training
14. Abstain from alcohol, as verified by a continuous alcohol monitoring device.
15. Other conditions as listed:

<i>Prepared by</i>	<i>Signature of Clerk</i>
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<i>Signature of District Attorney</i>	<i>Signature of Defense Attorney</i>
<input type="checkbox"/> Consents <input type="checkbox"/> Does not Consent	

<i>Date</i>	<i>Signature of Judicial Official</i>	<input type="checkbox"/> District Court Judge <input type="checkbox"/> Superior Court Judge
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EXHIBIT TWO

STATE VERSUS		<i>File No.</i>
<i>Name Of Defendant</i>		
<p>I, the defendant in the above-captioned case, understand that willful failure to appear before any court or judicial official as required is a felony/misdemeanor subject to the criminal penalties set out in G.S. 15A-543(b)(c), the punishment for which is imprisonment of up to 12 months in prison/60 days in jail. I understand that if I am found guilty at the time of disposition of my case, I may be required to pay a fee of \$15 for my use of Pretrial Release Services in accordance with G.S. 7A-304(a)(5).</p> <p>I further understand that willful violation of any of the terms or conditions of this Pretrial Release Agreement could result in an immediate arrest and revocation of this order of pretrial release, and that I will be held under a <input type="checkbox"/> \$ _____ secured bond <input type="checkbox"/> without bond until brought before a Judge of the Court.</p> <p>I hereby give New Hanover County Pretrial Release Services permission to provide any information gathered to officials of the Court, law enforcement, and my attorney for the purpose of making a pretrial release recommendation. I understand that the information to be released may include information regarding alcohol abuse, drug abuse, HIV infection, AIDS or AIDS related conditions, psychological, psychiatric or physical impairments. I understand that the decision for release is made by the presiding judicial official. Additionally, I have responsibility for providing all truthful information to Pretrial Release Services staff so that pretrial release information can be provided to the judicial official.</p> <p><i>I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR Parts 160 & 164, and state confidentiality law governing substance abuse services (G.S. 122C) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.</i></p> <p>Knowingly and/or willfully providing false information will be grounds for immediate revocation of this order of pretrial release.</p>		
<i>Date</i>	<i>Signature of Defendant</i>	