

<b>STATE OF NORTH CAROLINA</b> <b>COUNTY OF CUMBERLAND</b>	<i>File No.</i>
IN THE GENERAL COURT OF JUSTICE <input type="checkbox"/> Superior <input type="checkbox"/> District <input type="checkbox"/> Before the Clerk <input type="checkbox"/> Small Claims	
Plaintiff	<b>AFFIDAVIT</b> <b>Servicemembers Civil Relief Act</b> <b>50 U.S.C. Ch. 50 §§ 3901 - 4043</b>
vs.	
Defendant	

**IMPORTANT NOTICE: THE TERM " MILITARY SERVICE"** includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps or Coast Guard; service as a member of the National Guard under a call of active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; any period of service during which a servicemember is absent from duty on account of a sickness, wounds, leave, or other lawful cause. 50 U.S.C. Ch. 50. § 3911 (2).

#### OATH

I, the undersigned Affiant, (PRINT NAME) \_\_\_\_\_, after being duly sworn or affirmed, do depose and say under penalty of perjury that the following facts and statements are true and correct to the best of my knowledge and belief:

#### MILITARY SERVICE OF DEFENDANT

- ☐ I am able to determine that the Defendant ☐ IS   ☐ IS NOT   in military service.
- I HAVE**
- ☐ Checked the Department of Defense Manpower Data Center website to determine the defendant's military status. <https://www.dmdc.osd.mil/appj/scra/>  
☐ Attached are the results of that search and/or written response
- ☐ I AM UNABLE TO DETERMINE WHETHER OR NOT THE DEFENDANT IS IN MILITARY SERVICE

#### ADDITIONAL FACTS SUPPORTING THE STATEMENT ABOVE ABOUT DEFENDANT'S MILITARY SERVICE

[State how you know the Defendant IS or IS NOT in the military. Be specific]

DATE/SIGNATURE OF AFFIANT		SWORN/AFFIRMED AND SUBSCRIBED BEFORE ME	
<i>Date</i>	<i>Signature</i>	<i>Date</i>	<i>Signature</i>
<input type="checkbox"/> Plaintiff <input type="checkbox"/> Attorney for Plaintiff OR <input type="checkbox"/> Paralegal/Legal Assistant		<input type="checkbox"/> Notary <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC My Commission Expires: _____ SEAL	

#### DISTRIBUTION BY PLAINTIFF

**Original – File**