NORTH CAROLINA COUNTY OF DURHAM		IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION	
			CVD
Plaintiff, v.		ORDER TO APPEAR AND SHOW CAUSE	
Defendant.	.,		
TO THE   PLAINTII	FF DEFENDANT NA	MED ABOVE:	
1	Name and address of Perso	n to be Served:	
_			
DENIED The Mot	ion for Order to Show Ca	usa is DENIED and	the matter is scheduled for hearing on the
Motion for Contempt.	ion for Order to Show Car	use is DENIED and	the matter is scheduled for hearing on the
1	MOTION FOR	CONTEMPT HEA	ARING:
Date of Hearing	Time of Hearing  ☐ a.m. ☐ p.m.	Length of Hearing	Durham County Courthouse, Courtroom 510 S. Dillard Street Durham, North Carolina 27701
	<u> </u>	L	
	-	-	e in civil or criminal contempt for failing to to Show Cause and Motion for Contempt
	•		es, times and places set out below to show
	-		civil or criminal contempt. Your failure to
appear as ordered may re	esult in the issuance of an C	Order for Arrest.	
	SHOW	CAUSE HEARING	:
Date of Hearing	Time of Hearing  a.m. p.m.	Length of Hearing	Durham County Courthouse, Courtroom 510 S. Dillard Street Durham, North Carolina 27701
This the day of _		<u></u> .	

DISTRICT COURT JUDGE

## **CERTIFICATE OF SERVICE**

I hereby certify that a comparty/counsel in the following m	copy of this Order to Appear and Show Cause has been served on the opportunity.	sing		
	US Mail in a properly addressed, postpaid envelope to:			
_	cipt 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:	Signature: Plaintiff Defendant Attorney for Plaintiff Attorney for Defendant			
SHERIFF	COMPLETES THE FORM BELOW THIS BOX			
I certify that this Order t	to Appear and Show Cause was received and served as follows:			
Date Served:	Name of Person Served:			
By delivering to the person n	named above a copy of this Order.			
By leaving a copy of this Orda person of suitable age and discontained Name And Address Of Person		with		
☐ The person <b>WAS NOT</b> serve	ed for the following reason:			
Date Received:	Name Of Sheriff:			
Date Of Return:	County:			
Service Fee:	Deputy Sheriff Making Return:	Deputy Sheriff Making Return:		