NORTH CAROLINA WAYNE COUNTY IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION FILE NO.: _____CVD_____

	Plaintiff,	
VS.		ORDER TO APPEAR AND SHOW CAUSE
	Defendant,	
TO THE 🗌 PLAINTIFF 🗌 I	DEFENDANT NAMED AB	OVE
	Name and address o	of Person to be Served:

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.**

Date of Hearing	Time of Hearing	Length of Hearing	Wayne Co. Courthouse
			Courtroom
			224 E. Walnut St.
	🗌 AM 🗌 PM		Goldsboro, NC 27530

SHOW CAUSE HEARING

Date of Hearing	<u>Time of Hearing</u>	Length of Hearing	Wayne Co. Courthouse
			Courtroom
			224 E. Walnut St.
	🗌 AM 🗌 PM		Goldsboro, NC 27530

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 the properly addressed, postpaid envelope to:				
By certified mail, return receipt requested to:				
(Note: the return receipt green card must be filed w	ith the clerk's office to show proof of service)			
By Sheriff to:				
By facsimile to:	Fax No.:			
Other:				
Date: Plaintiff Attorney for the Other				
SHERIFF COMPLETES THE FORM BELOW THIS BOX				
I certify that this Order to Appear and Show	Cause was received and served as follows:			
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.				
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:			

Deputy Sheriff Making Return:

Service Fee: