

<p>In the General Court of Justice Superior Court Division</p> <p>STATE OF NORTH CAROLINA COUNTY OF MECKLENBURG</p>	<p>File No.</p> <hr/> <p>Additional File Nos.</p>		
<p>STATE VERSUS</p>	<p>ELECTRONIC SCHEDULING CONFERENCE ORDER</p>		
<p>Name of Defendant</p>			
<p>Name of Co-Defendant(s), If Applicable</p>			
<p>Instructions: Use this order form to request an expedited Arraignment or follow-up Scheduling Conference in the following limited circumstances: both ADA and Defense Attorney certify that the case is ready for Arraignment and a Scheduling Conference is not needed OR initial discovery has not been released to and received by the Defense Attorney. Forms must be completed and emailed to the appropriate TCA Caseflow Court Coordinator (see below) by 12:00PM (noon) the Wednesday prior to the start of the session. Felony Crime Team – Mecklenburg.Superior.5310.FCT.SchedulingConferences@nccourts.org Habitual Felon Team – Mecklenburg.Superior.5310.HFT.SchedulingConferences@nccourts.org Special Victims Team – Mecklenburg.Superior.5310.SVT.SchedulingConferences@nccourts.org Violent Crimes Team – Mecklenburg.Superior.5310.VCT.SchedulingConferences@nccourts.org</p>			
<p>Defendant is in custody: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Defendant is represented by counsel: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>Are there any other pending misdemeanor or felony cases that will impact the above captioned matter? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If applicable, please list the pending cases:</p>			
<p>Defense Attorney asserts there are no conflicts, at this time, regarding this case(s). <input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>Should this case be declared Exceptional? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please explain reasons for exceptional designation request:</p>			
<p>The ADA and Defense Attorney agree to move the case to <input type="checkbox"/> Follow-up Scheduling Conference <input type="checkbox"/> Judicially Lead Plea Conference <input type="checkbox"/> Arraignment during the week of: _____, for the following reasons:</p>			
<p>Discovery has been provided. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY</p> <p>If partially or not provided, please identify the source of the delay:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ADA not released/sent (initial) <input type="checkbox"/> New discovery received by ADA <input type="checkbox"/> Papering – Late <input type="checkbox"/> Other Please explain: _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ADA needs to review/roundtable <input type="checkbox"/> ADA sent but not received by Defense Attorney <input type="checkbox"/> Papering – Did not occur </td> </tr> </table>		<input type="checkbox"/> ADA not released/sent (initial) <input type="checkbox"/> New discovery received by ADA <input type="checkbox"/> Papering – Late <input type="checkbox"/> Other Please explain: _____	<input type="checkbox"/> ADA needs to review/roundtable <input type="checkbox"/> ADA sent but not received by Defense Attorney <input type="checkbox"/> Papering – Did not occur
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If partially provided, please provide a brief overview of the status of missing items, details relevant to the delay of the matter and estimation of how much time needed to provide missing items.

- Defense Attorney delay in retrieving discovery
- Defense Attorney needs more time to review discovery and consult with client
- Defense Attorney needs more time to consult and/or hire experts
- Other: _____

Has a written plea offer been extended? YES NO

The Defense Attorney agrees that prior to arraignment they will have discussed the plea offer or have made every reasonable attempt to do so. YES NO

Assistant District Attorney (Print):

Signature of Assistant District Attorney:

Defense Attorney (Print):

Signature of Defense Attorney:

Next Hearing Date and Time: ____/____/____ at ____ :

Follow-Up Scheduling Conference Judicially Led Plea Conference Arraignment **in Courtroom 5310**

TCA/Designee (Print):

Signature of TCA/Designee:

Original – File Copy – ADA Copy – Defense Attorney