NORTH CAROLINA COUNTY OF DURHAM		IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION FILE NOCVD	
-		Assigned Ju	dge:
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:	
<b>DENIED.</b> The Mot	ion for Order to Show Ca	use is DENIED and	the matter is scheduled for hearing on th
Motion for Contempt.			
		CONTEMPT HEA	ARING:
Date of Hearing	Time of Hearing	Length of Hearing	Durham County Courthouse, Courtroom 510 S. Dillard Street
	☐ a.m. ☐ p.m.		Durham, North Carolina 27701
	. C. 1 111	1.12	
	•	•	e in civil or criminal contempt for failing to to Show Cause and Motion for Contemp
	•		es, times and places set out below to show
	•		civil or criminal contempt. Your failure t
appear as ordered may re	esult in the issuance of an G	Order for Arrest.	
	SHOW	CAUSE HEARING	:
Date of Hearing	Time of Hearing	Length of Hearing	Durham County Courthouse,
			Courtroom 510 S. Dillard Street
	☐ a.m. ☐ p.m.		Durham, North Carolina 27701
This the day of _	, 20		
		DISTRICT C	OURT JUDGE

## **CERTIFICATE OF SERVICE**

I hereby certify that party/counsel in the following	a copy of this Order to Appear and Show Cause has been served on the or manner:	posing		
	e US Mail in a properly addressed, postpaid envelope to:			
_	eceipt requested to:			
[Note: the return receipt gre	en 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			
SHERII	F COMPLETES THE FORM BELOW THIS BOX			
	er 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.			
a person of suitable age and o	Order at the dwelling house or usual place of abode of the obligor named about iscretion then residing therein.  son With Whom Copies Left:	ve with		
☐ The person <b>WAS NOT</b> se	rved for the following reason:			
Date Received:	Name Of Sheriff:			
Date Of Return:	County:			
Service Fee:	Deputy Sheriff Making Return:	Deputy Sheriff Making Return:		