

**STATE OF NORTH CAROLINA**

County

File Number



In The General Court Of Justice  
District Court Division

Name of Plaintiff(s)

**VERSUS**

Name of Defendant(s)

**ORDER**

**To Appear**    **To Continue**

**IT APPEARS TO THE COURT THAT:**

1. A hearing was set on \_\_\_\_\_ in Domestic Court in the above-named County for the following purpose:

- Initial Pretrial Scheduling and Discovery Conference
- Final Pre-Trial Conference
- Other: \_\_\_\_\_

2. That the hearing could not be completed because:

- Plaintiff    Defendant failed to comply with the ED rule/rules as set forth in Paragraph 3.
- A continuance of this matter was necessary.

3. That  Plaintiff    Defendant failed to comply with the following ED Rule(s):

- 7.3 – Action required at time of filing
- 7.4 – Action required immediately after filing
- 7.5 – Inventory Affidavits
- 7.6 – Production of Documents
- 7.7 – Initial Pretrial Scheduling and Discovery Conference
- 7.8 – Pretrial Order
- 7.9 – Final Pretrial Conference
- Other \_\_\_\_\_

Describe each alleged failure for each box checked above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS ORDERED THAT:**

1.  A. A hearing is scheduled for \_\_\_\_\_ o'clock  AM    PM on \_\_\_\_\_, 20\_\_\_\_, in Domestic Court, above-named county, town of \_\_\_\_\_

\_\_\_\_\_, North Carolina, for the following purpose:  
\_\_\_\_\_.

B. The  **Plaintiff**  **Defendant** is directed to appear at the rescheduled hearing to determine why sanctions allowed by the rules should not be entered for failure to comply with the rule(s) identified in paragraph 3 above. Unless excused, a failure to appear will also be grounds for imposition of sanctions.

C. Other: \_\_\_\_\_  
\_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_ District Court Judge Presiding

### CERTIFICATE OF SERVICE

I hereby certify that a copy of this Order has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postage paid envelope to: \_\_\_\_\_  
\_\_\_\_\_

By hand delivery to: \_\_\_\_\_  
\_\_\_\_\_

By facsimile to: \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
 CSC       Asst. CSC       Deputy CSC