

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

STATE VERSUS

Name of Defendant

**MOTION AND ORDER
FOR APPROPRIATE RELIEF**

MOTION

NOW COMES Defendant, pursuant to Article 89 of Chapter 15A of the General Statutes, for a Motion for Appropriate Relief as stated below: *(attach additional sheets if necessary)* _____

Date	Printed Name	Signature	<input type="checkbox"/> Defendant <input type="checkbox"/> Attorney for Defendant
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Address	Phone no.	Fax no.	Bar no.
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CERTIFICATE OF SERVICE

I certify that a filed copy of this MOTION was served on the District Attorney Chief District Court Judge 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	Signature	<input type="checkbox"/> Defendant <input type="checkbox"/> Attorney for Defendant
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OVER

RESPONSE

The State consents objects to the Motion for Appropriate Relief.

<i>Date</i>	<i>Printed Name</i>	<i>Signature</i>	<input type="checkbox"/> <i>Attorney for State</i>
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**NOTICE OF HEARING and
CERTIFICATE OF SERVICE**
(To be completed by CDCJ's office)

<i>Date</i>	<i>Time</i>	<i>Court</i>
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I certify that a filed copy of this NOTICE OF HEARING was served as follows:

- By facsimile to: Clerk of Court _____
 District Attorney _____
 Defendant/Defendant's Attorney _____

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

By hand delivery to: _____

Other: _____

<i>Date</i>	<i>Printed Name</i>	<i>Signature</i>	<input type="checkbox"/> <i>Trial Court Coordinator</i>
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ORDER

IT IS THEREFORE ORDERED that the Motion for Appropriate Relief is GRANTED DENIED and the court finds:

<i>Date</i>	<i>Printed Name</i>	<i>Signature</i>	<input type="checkbox"/> <i>Presiding District Court Judge</i> <input type="checkbox"/> <i>Chief District Court Judge</i>
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