

Initial Filing

The summons should include the most recent address of the Defendants.

After completing and notarizing the forms, please make 3 additional copies of the entire packet.

Once that is completed, you will file the original and three copies with the Cumberland County Clerk of Court (Room 107) at the Cumberland County Courthouse, the fee for filing is \$150.00 for the Cumberland County Clerk of Court.

If you are unable to pay the filing fee, you can apply for a fee waiver with the Cumberland County Clerk of Court. Ask to sue as indigent and fill out and notarized the PETITION TO SUE/APPEAL/FILE MOTIONS AS AN INDIGENT form included in this packet.

- You may need to provide your Driver's License and
- your SNAP card, formerly known as the Food Stamps Program; TANF, or SSI card.

If you are not a recipient of any aforementioned public assistance programs, and are still unable to pay the filing fee, additionally fill out and notarize the CIVIL AFFIDAVIT OF INDIGENCY Form (included in this packet).

After filing, take a copy of the packet directly to room 211 (Judge's Office).

Serving both parties:

1. County Sheriff Office (Please include the Return of Service form ONLY but do not fill it out (Sheriff use only.) Sheriff Fee: \$30.
- OR-
2. You may also have the other party served by registered or restricted certified mail (Return Receipt Requested) or a designated delivery service such as UPS, FedEx or DHL (Delivery Receipt Requested). Once you receive the return receipt signed (green return receipt card) by the other party in the mail, attach it to the Affidavit of Service included in the packet, get it notarized and file it with the Clerk of Court. This is your proof of service.

Check List

Fill out the forms

Notarize the Verification Form

Make 3 additional copies of the entire packet

File the original and three (3) copies with the Cumberland County Clerk of Court

Take a copy of the packet directly to the Judge's Office

Serve both parties

Legal Aid offers a free custody self-help clinic session explaining the process at
<https://www.facebook.com/LegalAidNC/videos/289650896219832/>

FOR NON-
PARENTS

THE DOCUMENTS YOU NEED TO COMPLETE FOR NON-PARENT FILING

- Family Court Notice
- Petition To Proceed as An Indigent (If you qualify)
- Domestic Civil Action Coversheet
- Complaint for Custody for Non-Parent(s)
- Affidavit As to The Status of Minor Child
- Custody Mediation Case Cover Sheet
- Servicemembers Civil Relief Act Declaration
- Affidavit Of Service Of Process By
- Civil Summons



These materials are not for everyone!

**CONSULT WITH AN ATTORNEY IF
ONE OF THESE SITUATIONS
APPLIES TO YOU:**

- ⇒ The children have lived in North Carolina less than 6 months; OR
- ⇒ One parent or a child lives outside North Carolina; OR
- ⇒ There has been another custody case involving these children; OR
- ⇒ There has been a Juvenile Court case involving these children; OR
- ⇒ DSS Child Protective Services has placed these children with someone else; OR
- ⇒ The children live with someone who is not their parent; OR
- ⇒ One parent is in the military

If you or the children are victims of domestic violence, contact your nearest Legal Aid office or the Legal Aid HelpLine at 1-866-219-5262.

STATE OF NORTH CAROLINA
CUMBERLAND COUNTY

IN THE GENERAL COURT OF JUSTICE
FAMILY COURT DIVISION



FAMILY COURT NOTICE

**YOU HAVE BEEN SERVED WITH A COMPLAINT FILED IN
CUMBERLAND COUNTY, NORTH CAROLINA FAMILY COURT**

This action may affect your rights to child custody and/or visitation.

You may want to consult with an attorney about your rights and responsibilities in this action. Time is of the essence therefore your rights may be limited if you do not act within **(30)** days of receiving this complaint.

You are required to keep the court advised of your current address and any address changes. Failure to do so may result in hearings being held and orders entered without your participation.

To ensure that you receive all hearings that may affect your rights, you should immediately contact the following:

Access and Visitation Program Coordinator
P.O. Box 363
Fayetteville, North Carolina 28302
Telephone: 910-475-3245

All inquired should include your file number:
(_____ CVD _____)

THE FAMILY COURT STAFF CANNOT GIVE YOU LEGAL ADVICE.

They will assist you with information concerning court procedures and inquiries about court dates.

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

☐ District ☐ Superior Court Division

Name Of Plaintiff

VERSUS

Name Of Defendant

PETITION TO PROCEED AS AN INDIGENT

G.S. 1-110; 7A-228

AFFIDAVIT

(check one of the four boxes below)

☐ **Petition To Assert Claims** - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of the claims I have asserted. Therefore, I now petition the Court for an order allowing me to assert my claims as an indigent.

☐ I am an inmate in the custody of the Division of Prisons of the Department of Adult Correction.

(NOTE TO CLERK: If this block is checked, this Petition must be submitted to a Superior Court Judge for disposition provided on the reverse.)

☐ **Petition To File Motions** - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs to file a notice of hearing on a motion. Therefore, I now petition the Court for an order allowing me to file my motion as an indigent.

☐ **Petition To Appeal** - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court. Therefore, I now petition the Court for an order allowing me to appeal this action to district court as an indigent.

☐ **Petition To File Expunction Petition** - As the petitioner in the above entitled action, I affirm that I am financially unable to advance the required costs to file an expunction petition. Therefore, I now petition the Court for an order allowing me to file my expunction petition as an indigent.

(check one or more of the boxes below as applicable)

☐ I am presently a recipient of

☐ Supplemental Nutrition Assistance Program (SNAP/food stamps).

☐ Temporary Assistance for Needy Families (TANF).

☐ Supplemental Security Income (SSI).

☐ I am represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or I am represented by private counsel working on behalf of such a legal services organization. (Attach a letter from your legal services attorney or have your attorney sign the certificate below.)

☐ Although I am not a recipient of SNAP/food stamps, TANF, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date

Signature

Signature Of Petitioner

Title Of Person Authorized To Administer Oaths

Name And Address Of Petitioner (type or print)

SEAL

Date Commission Expires

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION

I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal services organization.

Date

Signature

Name And Address (type or print)

ORDER

Based on the Affidavit appearing above, it is ORDERED that:

☐ the petitioner is authorized to assert claims, to appeal, or file notices of hearing or petitions in this action as an indigent.

☐ the petition is denied.

Date

Signature

☐ Assistant CSC

☐ Clerk Of Superior Court

☐ Judge

☐ Magistrate (for appeal only)

NOTE TO CLERK: If the petitioner is NOT a recipient of SNAP/food stamps, TANF, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff 1

Name And Address Of Plaintiff 2

DOMESTIC CIVIL ACTION COVER SHEET

☐ INITIAL FILING ☐ SUBSEQUENT FILING

Rule 5(b), Rules of Practice For Superior and District Courts

VERSUS

Jury Demanded In Pleading? ☐ No ☐ Yes

Name Of Defendant 1

Name And Address Of Attorney Or Party, If Not Represented (complete for initial appearance or change of address)

Summons Submitted ☐ Yes ☐ No

Telephone No.

Cell Telephone No.

Name Of Defendant 2

NC Attorney Bar No.

Attorney E-Mail Address

Summons Submitted ☐ Yes ☐ No

☐ Initial Appearance in Case

☐ Change of Address

Counsel for

Name Of Firm

☐ All Plaintiffs ☐ All Defendants ☐ Only (List party(ies) represented)

FAX No.

TYPE OF PLEADING

(check all that apply)

- ☐ Amended Answer/Reply (AMND-Response)
- ☐ Amended Complaint (AMND)
- ☐ Answer/Reply (ANSW-Response)
- ☐ Complaint (COMP)
- ☐ Confession Of Judgment (CNFJ)
- ☐ Contemp (CNTP) Assess Motions Fee
- ☐ Continue (CNTN) Assess Motions Fee
- ☐ Compel (CMPL) Assess Motions Fee
- ☐ Counterclaim vs. (CTCL) Assess Counterclaim Costs
- ☐ Extend Time For An Answer (MEOT-Response) Assess Motion Fee
- ☐ Modification Of Alimony (MALI) Assess Motions Fee
- ☐ Modification Of Custody (MCUS) Assess Motions Fee
- ☐ Modification Of Support in non-IV-D cases (MSUP) Assess Motions Fee
- ☐ Modification Of Visitation (MVIS) Assess Motions Fee
- ☐ Rule 12 Motion In Lieu Of Answer (MDLA) Assess Motions Fee
- ☐ Sanctions (SANC) Assess Motions Fee
- ☐ Show Cause (SHOW) Assess Motions Fee
- ☐ Transfer (TRFR) Assess Motion Fee
- ☐ Vacate/Modify Judgment or Order (VCMD) Assess Motions Fee
- ☐ Other (OTHR): (Use codes from Motions Coversheet AOC-CV-752 or specify)

CLAIMS FOR RELIEF FOR:

(check all that apply)

- ☐ Alimony (ALIM)
- ☐ Annulment (ANUL)
- ☐ Child Support (CSUP)
- ☐ Custody (CUST)
- ☐ Divorce (DIVR)
- ☐ Divorce From Bed And Board (DIVB)
- ☐ Domestic Violence (DOME)
- ☐ Equitable Distribution (EQU)
- ☐ Medical Coverage (MEDC)
- ☐ Paternity (PATR)
- ☐ Possession Of Personal Property (POPP)
- ☐ Post Separation Support (PSSU)
- ☐ Reimbursement For Public Assistance (RPPA)
- ☐ Visitation (VIST)
- ☐ Other: (specify and list separately)

Date

Signature Of Attorney/Party

NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings in civil actions, the filing party must include a Domestic (AOC-CV-750) Motions (AOC-CV-752) or Court Action (AOC-CV-753) cover sheet.

STATE OF NORTH CAROLINA
County of _____

In the General Court of Justice
District Court Division
File _____

Name of Plaintiff

Name of Plaintiff 2

v.

Name of Defendant 1

Name of Defendant 2

**COMPLAINT FOR CUSTODY
FOR NON-PARENT(S)
[COMP CUST/VIST]**

NOW COMES THE PLAINTIF(S)F, complaining of the Defendant(s), and allege(s) and say(s):

1. The Plaintiff(s) is/are (a) resident(s) and citizen(s) of _____ County, in the State of _____.

2. The Defendant, _____, is a resident and citizen of _____ County, in the State of _____. (if needed) The Defendant, _____, is a resident and citizen of _____ County, in the State of _____.

3. The Plaintiff(s) has/have a relationship with the minor children named herein as follows:

☐ grandparent, other relative or step-parent

☐ lives/live with child(ren) or has/have lived for substantial periods with child(ren)

4. The Defendants are the parents of the following child[ren]: _____

5. **FIRST CHILD.** During the past five (5) years the minor child, _____, born on _____ has lived as follows:

Period Of Residence		Address	Name of Person Lived With	Present Address Of Person
Dates				
From	To			
	Present			

(Check ONLY those that apply)

☐ I have participated in litigation concerning the custody of the above named child.

Name of Court

Case Number

Date of Decision

☐ I have information of a lawsuit concerning the above named child in a court in North Carolina or another state.

Name of Court

Case Number

Nature of Proceeding

☐ I know of a person as listed below, who has ☐ Physical Custody ☐ Claimed Custody ☐ Claimed Visitation Rights with respect to the above named child.

Name and Address of Person(s)

6. The Plaintiff(s) is/are (a) fit and proper person(s) to have custody of the child[ren]. It is in the child[ren]'s best interest that the Plaintiff(s) be awarded custody.

7. The Defendant(s) is/are [] unfit or [] has/have acted inconsistently with their rights and duties as biological parents of the child(ren) as described (*see instructions in packet*):

8. This Court has jurisdiction to hear this custody case because (*check one*):

☐ The child[ren] has/have lived in North Carolina for the past six months.

☐ The child[ren] is/are less than six months old and has/have lived in North Carolina since the child[ren]'s birth or for a majority of the child (ren)'s life.

WHEREFORE, THE PLAINTIFF PRAYS OF THE COURT:

1. For an Order giving Plaintiff(s) temporary and permanent custody of the child[ren] listed above.

2. For such other relief as may be proper, just and lawful.

Respectfully submitted;

This, the _____ day of _____, 20____.

Signature of Plaintiff

Mailing Address of Plaintiff

Signature of Plaintiff

Telephone Number

STATE OF NORTH CAROLINA

Court File No.

____ County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff

**AFFIDAVIT AS TO
STATUS OF MINOR CHILD****VERSUS**

G.S. 50A-209

Name And Address Of Defendant

Name Of Minor Child

Date Of Birth

Birthplace

I, the undersigned affiant, being first duly sworn, say that during the past five (5) years the above named minor child has lived as follows:

Period Of Residence		Address	Name Of Person Lived With	Present Address Of Person
From	To			
	Present			

I further say that: (Check those that apply)

☐ I have participated in litigation concerning the custody of the above named child.

Capacity As Participant

Name And Address Of Court

Date Of Child Custody Determination

Case No.

Details

☐ I have information about a custody proceeding. Examples of custody proceeding include divorce, proceeding related to domestic violence, a protective order, termination of parental rights or adoption that is pending in a court of this or another state and could affect this proceeding.

Name And Address Of Court

Details (include case number and describe nature of the proceeding)

☐ I know of a person as listed below, who has physical custody or claims to have custody or visitation rights with respect to the above named child.

Name And Address Of Person

☐ Physical Custody☐ Claimed Custody☐ Visitation Rights**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date

Date

Signature Of Person Authorized To Administer Oaths

Signature Of Affiant

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☐ Magistrate

Name Of Affiant (type or print)

☐ Notary

Date My Commission Expires

Relationship To Above Named Child

SEAL

County Where Notarized

CUSTODY MEDIATION: CASE INFORMATION FORM

DO NOT FILE: PLACE IN CUSTODY MEDIATION BOX

STATE OF NORTH CAROLINA COUNTY OF CUMBERLAND JUDICIAL DISTRICT 14	IN THE GENERAL COURT OF JUSTICE DISTRICT COURT DIVISION
Plaintiff _____ vs. Defendant _____	FILE NO.: _____ -CVD- _____ Assigned Judge: _____
PLAINTIFF(S): Mailing Address: _____ Date of Birth: _____	Day Phone: _____ Night Phone: _____ Email: _____
Plaintiff's Attorney: _____ Address: _____	Phone: _____ Fax: _____ Email: _____
DEFENDANT(S): Mailing Address: _____ Date of Birth: _____	Day Phone: _____ Night Phone: _____ Email: _____
Defendant's Attorney: _____ Address: _____	Phone: _____ Fax: _____ Email: _____

1. Is there a pending or resolved military, civil or criminal domestic violence case involving the same parties in North Carolina or any other state? ☐ YES ☐ NO List type: _____ Expiration date: _____
If yes, you must attach a copy of all military, civil or criminal domestic violence restraining/protective orders.
2. Is DSS/CPS currently involved? ☐ YES ☐ NO Prior involvement? ☐ YES ☐ NO Date closed: _____
List date opened: _____ and reason case opened: _____
DSS Social Worker's name _____ County: _____ Tel#: _____
3. Is an interpreter needed for a participant? ☐ YES ☐ NO
If yes, what language(s) does the party speak? Spanish ☐ YES ☐ NO Other? _____
4. Have the parties attended orientation in the past 5 years? ☐ YES ☐ NO If yes, case/file number: _____ -CVD- _____
5. Have the parties ever attended mediation? ☐ YES ☐ NO If yes, case/file number: _____ -CVD- _____
6. Online/WebEx Orientation or Mediation Requested ☐ YES ☐ NO (must have private setting/email/internet)
Reason for Request (check one or more): Out-of-state/over 3 hours' drive ☐ (list state/distance _____);
DVPO ☐; Medical ☐; Other ☐? List reason: _____

CHILDREN INVOLVED IN CASE: (use back of form if needed):

NAME	AGE	M/F	DOB	CHILD RESIDES WITH	RELATIONSHIP

Marriage Date: _____ Separation Date: _____ Parties Never Married: _____
Signature: _____ Date: _____

☐ Plaintiff ☐ Plaintiff's Attorney ☐ Defendant ☐ Defendant's Attorney ☐ Intervenor ☐ Intervenor's Attorney

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

Name And Address Of Plaintiff

VERSUS

Name And Address Of Defendant

**SERVICEMEMBERS CIVIL RELIEF ACT
DECLARATION**

G.S. Ch. 127B, Art. 4; 50 U.S.C. 3901 to 4043

NOTE: Though this form may be used in a Chapter 45 Foreclosure action, it is not a substitute for the certification that may be required by G.S. 45-21.12A.**DECLARATION****I, the undersigned Declarant, under penalty of perjury declare the following to be true:**

1. As of the current date: (check one of the following)
 - ☐ a. I have personal knowledge that the defendant named above is in military service.*
 - ☐ b. I have personal knowledge that the defendant named above is **not** in military service.*
 - ☐ c. I am unable to determine whether the defendant named above is in military service.*
2. As of the current date, I ☐ have ☐ have not received a copy of a military order from the defendant named above relating to State active duty as a member of the North Carolina National Guard or service similar to State active duty as a member of the National Guard of another state. See G.S. 127B-27 and G.S. 127B-28(b).
3. I ☐ used ☐ did not use the Servicemembers Civil Relief Act Website (<https://scra.dmdc.osd.mil/>) to determine the defendant's federal military service.
☐ The results from my use of that website are attached.
(NOTE: The Servicemembers Civil Relief Act Website is a website maintained by the Department of Defense (DoD). If DoD security certificates are not installed on your computer, you may experience security alerts from your internet browser when you attempt to access the website. Members of the North Carolina National Guard under an order of the Governor of this State and members of the National Guard of another state under an order of the governor of that state will **not** appear in the SCRA Website database.)
4. The following facts support my statement as to the defendant's military service: (State how you know the defendant is or is not in the military. Be specific.)

***NOTE:** The term "military service" includes the following: active duty service as a member of the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; service as a member of the National Guard under a call to active service authorized by the President or the Secretary of Defense for a period of more than 30 consecutive days for purposes of responding to a national emergency; active service as a commissioned officer of the Public Health Service or of the National Oceanic and Atmospheric Administration; any period of service during which a servicemember is absent from duty on account of sickness, wounds, leave, or other lawful cause. 50 U.S.C. 3911(2). The term "military service" also includes the following: State active duty as a member of the North Carolina National Guard under an order of the Governor pursuant to Chapter 127A of the General Statutes, for a period of more than 30 consecutive days; service as a member of the National Guard of another state who resides in North Carolina and is under an order of the governor of that state that is similar to State active duty, for a period of more than 30 consecutive days. G.S. 127B-27(3) and G.S. 127B-27(4).

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Date

Signature Of Declarant

Name Of Declarant (type or print)

NOTE TO COURT: Do not proceed to enter judgment in a non-criminal case in which the defendant has not made an appearance until a Servicemembers Civil Relief Act affidavit or declaration (whether on this form or not) has been filed, and if it appears that the defendant is in military service, do not proceed to enter judgment until such time that you have appointed an attorney to represent him or her.

(Over)

Information About Servicemembers Civil Relief Act Affidavits And Declarations

1. Plaintiff to file affidavit/declaration

In any civil action or proceeding, including any child custody proceeding, in which the defendant does not make an appearance, the court, before entering judgment for the plaintiff, shall require the plaintiff to file with the court an affidavit—

- (A) stating whether or not the defendant is in military service and showing necessary facts to support the affidavit; or
- (B) if the plaintiff is unable to determine whether or not the defendant is in military service, stating that the plaintiff is unable to determine whether or not the defendant is in military service.

50 U.S.C. 3931(b)(1).

2. Appointment of attorney to represent defendant in military service

If in a civil action or proceeding in which the defendant does not make an appearance it appears that the defendant is in military service, the court may not enter a judgment until after the court appoints an attorney to represent the defendant. If an attorney appointed to represent a service member cannot locate the service member, actions by the attorney in the case shall not waive any defense of the service member or otherwise bind the service member. 50 U.S.C. 3931(b)(2).

State funds are not available to pay attorneys appointed pursuant to the Servicemembers Civil Relief Act. To comply with the federal Violence Against Women Act and in consideration of G.S. 50B-2(a), 50C-2(b), and 50D-2(b), plaintiffs in Chapter 50B, Chapter 50C, and Chapter 50D proceedings should not be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. Plaintiffs in other types of actions and proceedings may be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. The allowance or disallowance of the ordering of costs will require a case-specific analysis.

3. Defendant's military status not ascertained by affidavit/declaration

If based upon the affidavits filed in such an action, the court is unable to determine whether the defendant is in military service, the court, before entering judgment, may require the plaintiff to file a bond in an amount approved by the court. If the defendant is later found to be in military service, the bond shall be available to indemnify the defendant against any loss or damage the defendant may suffer by reason of any judgment for the plaintiff against the defendant, should the judgment be set aside in whole or in part. The bond shall remain in effect until expiration of the time for appeal and setting aside of a judgment under applicable Federal or State law or regulation or under any applicable ordinance of a political subdivision of a State. The court may issue such orders or enter such judgments as the court determines necessary to protect the rights of the defendant under this Act. 50 U.S.C. 3931(b)(3).

4. Satisfaction of requirement for affidavit/declaration

The requirement for an affidavit above may be satisfied by a statement, declaration, verification, or certificate, in writing, subscribed and certified or declared to be true under penalty of perjury.

50 U.S.C. 3931(b)(4). The presiding judicial official will determine whether the submitted affidavit is sufficient.

5. Penalty for making or using false affidavit/declaration

A person who makes or uses an affidavit permitted under 50 U.S.C. 3931(b) (or a statement, declaration, verification, or certificate as authorized under 50 U.S.C. 3931(b)(4)) knowing it to be false, shall be fined as provided in title 18, United States Code, or imprisoned for not more than one year, or both. 50 U.S.C. 3931(c).

STATE OF NORTH CAROLINA

File No. _____

CountyIn The General Court Of Justice
☐ District ☐ Superior Court Division

Name Of Plaintiff

Address

City, State, Zip

VERSUS

Name Of Defendant(s)

Date Original Summons Issued

Date(s) Subsequent Summons(es) Issued

CIVIL SUMMONS☐ **ALIAS AND PLURIES SUMMONS (ASSESS FEE)**

G.S. 1A-1, Rules 3 and 4

To Each Of The Defendant(s) Named Below:

Name And Address Of Defendant 1

Name And Address Of Defendant 2



IMPORTANT! You have been sued! These papers are legal documents, DO NOT throw these papers out! You have to respond within 30 days. You may want to talk with a lawyer about your case as soon as possible, and, if needed, speak with someone who reads English and can translate these papers!

¡IMPORTANTE! ¡Se ha entablado un proceso civil en su contra! Estos papeles son documentos legales. ¡NO TIRE estos papeles!

Tiene que contestar a más tardar en 30 días. ¡Puede querer consultar con un abogado lo antes posible acerca de su caso y, de ser necesario, hablar con alguien que lea inglés y que pueda traducir estos documentos!

A Civil Action Has Been Commenced Against You!

You are notified to appear and answer the complaint of the plaintiff as follows:

1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address Of Plaintiff's Attorney (if none, Address Of Plaintiff)

Date Issued

Time

☐ AM ☐ PM

Signature

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court☐ **ENDORSEMENT (ASSESS FEE)**

This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

Date Of Endorsement

Time

☐ AM ☐ PM

Signature

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

NOTE TO PARTIES: Many counties have **MANDATORY ARBITRATION** programs in which most cases where the amount in controversy is \$25,000 or less are heard by an arbitrator before a trial. The parties will be notified if this case is assigned for mandatory arbitration, and, if so, what procedure is to be followed.

(Over)

RETURN OF SERVICE

I certify that this Summons and a copy of the complaint were received and served as follows:

DEFENDANT 1*Date Served**Time Served*☐ AM☐ PM*Name Of Defendant*

- ☐ By delivering to the defendant named above a copy of the summons and complaint.
- ☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- ☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- ☐ Other manner of service (specify)

- ☐ Defendant WAS NOT served for the following reason:

DEFENDANT 2*Date Served**Time Served*☐ AM☐ PM*Name Of Defendant*

- ☐ By delivering to the defendant named above a copy of the summons and complaint.
- ☐ By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.
- ☐ As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- ☐ Other manner of service (specify)

- ☐ Defendant WAS NOT served for the following reason:

Service Fee Paid

\$

*Signature Of Deputy Sheriff Making Return**Date Received**Name Of Sheriff (type or print)**Date Of Return**County Of Sheriff*

STATE OF NORTH CAROLINA

File No. _____

_____ County

In The General Court Of Justice
☐ District ☐ Superior Court Division

Name Of Plaintiff(s)

VERSUS

Name Of Defendant

AFFIDAVIT OF SERVICE OF PROCESS BY

- ☐
- REGISTERED MAIL**
-
- ☐
- CERTIFIED MAIL**
-
- ☐
- DESIGNATED DELIVERY SERVICE**

G.S. 1-75.10(a)(5), (a)(6); 1A-1, Rule 4(j2)

I, the undersigned, did mail by ☐ registered mail (return receipt requested), ☐ certified mail (return receipt requested),
☐ designated delivery service (delivery receipt requested),
a copy of the summons and complaint ☐ and other document(s) (list) _____

in the above captioned action to (name of person to be served) _____,
addressed as follows: _____

Further, that copies of the summons and complaint ☐ and the above listed other document(s) (check, if applicable) were in fact
received by the defendant on (date of receipt) _____, as evidenced by the attached original receipt.
(Attach original receipt or electronic proof of signature confirmation to this affidavit.)

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Signature Of Plaintiff/Attorney

Date

Signature Of Person Authorized To Administer Oaths

Name (type or print)

Title Of Person Authorized To Administer Oaths

☐ Notary

Date My Commission Expires

SEAL

County Where Notarized