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| STATE OF NORTH CAROLINAJOHNSTON COUNTY | IN THE GENERAL COURT OF JUSTICESUPERIOR COURT DIVISIONFILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In thE MATTER OF:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_* | ORDER NOTICING HEARING ON PETITIONON DENIAL OF HANDGUN RECEIPT/PURCHASE PERMIT |
| 1. The above Petitioner filed a “Petition on Denial of Handgun Receipt/Purchase Permit” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.2. The above Petitioner filed a “Certificate of Service” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stating that Petitioner served the Senior Resident Superior Court Judge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.3. The above Petitioner filed a “Certificate of Service” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stating that Petitioner served the Johnston County Sheriff on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**IT IS THEREFORE ORDERED THAT a hearing on the PETITIONER’S DENIAL OF HANDGUN RECEIPT/PURCHASE PERMIT be set as follows:**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | *Senior Resident Superior Court Judge/Designee:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CERTIFICATE OF SERVICE** |
| I certify that a filed copy of this Order Noticing Hearing was served on the Johnston County Sheriff as follows: [ ]  Personal Delivery  [ ]  By Regular Mail, US Postage Prepaid, addressed as follows: |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  CSC [ ]  Asst. CSC [ ]  Dep. CSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CERTIFICATE OF SERVICE** |
| I certify that a filed copy of this Order Noticing Hearing was served on **Petitioner** as follows: [ ]  Personal Delivery [ ]  By Regular Mail, US Postage Prepaid, addressed as follows: |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  CSC [ ]  Asst. CSC [ ]  Dep. CSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |