

STATE OF NORTH CAROLINA
CLEVELAND COUNTY, DISTRICT 27B
SUPERIOR AND DISTRICT COURT DIVISIONS

APPLICATION FOR ONE-TIME ELECTRONIC DEVICE
ENTRY PERMIT

APPLICANT'S CONTACT INFORMATION:

Full Name: _____

Physical Address: _____

Telephone No. _____ **Courtroom #:** _____

DESCRIPTION OF DEVICE:

_____ Cell phone _____ iPad _____ Computer _____ Tablet

Other (please describe): _____

PURPOSE TO BE USED IN COURTHOUSE:

DATE/TIME TO BE USED IN COURTHOUSE: _____

Applicant's Signature

Applicant Printed Name

Use _____ **GRANTED** _____ **DENIED** for the purposes set forth above with the following limitations, IF APPLICABLE:

This the ____ day of _____, _____.

Superior/District Court Judge Presiding