

MODIFIED JUDGMENT/HEARING ON PROBATION VIOLATION

MOTION FOR APPROPRIATE RELIEF
 CHARGE OF CONTEMPT

FAILURE TO COMPLY
 VIOLATION OF GS 90-96

PROBATION VIOLATION
 SHOW CAUSE

STATE VS. Sarah Pederson

PROSECUTOR KPH

FILE # 19 cr 56823

DEFENSE ATTY Cadwallader

PLEA: GUILTY/RESPONSIBLE _____ VERDICT: GUILTY/RESPONSIBLE _____ CLASS _____
 NOT GUILTY/NOT RESPONSIBLE _____ NOT GUILTY/NOT RESPONSIBLE _____
 NO CONTEST _____

LEVEL _____

JUDGMENT: IT IS ORDERED THAT THE DEFENDANT:

PAY COURT COST PAY A FINE OF \$ _____

BE IMPRISONED IN THE _____ COUNTY JAIL FOR _____
TO BE ASSIGNED TO THE NORTH CAROLINA DEPT OF CORRECTIONS

WITH THE CONSENT OF THE DEFENDANT, THIS SENTENCE IS SUSPENDED FOR _____ MONTHS UPON THE FOLLOWING TERMS AND CONDITIONS:

PAY COURT COST PAY A FINE OF \$ _____

BE PLACED ON SUPERVISED PROBATION FOR _____ MONTHS UNDER THE USUAL TERMS AND CONDITIONS OF PROBATION.

OTHER: Δ not dismiss allowed

(SEE BACK FOR ADDITIONAL CONDS)

PROB. VIOLATION: ADMITS VIOLATION DENIES VIOLATION PROB OFFICER: _____

THE DEFENDANT'S PROBATION IS REVOKED AND HE/SHE IS TO BE IMPRISONED FOR A TERM OF _____

THE DEFENDANT IS CONTINUED ON PROBATION W/THE FOLLOWING MODIFICATIONS

THE DEFENDANT GIVES NOTICE OF APPEAL TO THE ALAMANCE COUNTY SUPERIOR COURT.

NEW BOND SET AT \$ _____ DEFENDANT WILL REMAIN UNDER SAME BOND

THIS THE 7 DAY OF July, 2021.

[Signature]

DISTRICT COURT JUDGE

194
Conf. for 194

CONF. 194
CONF. 194

CONF. 194

CONF. 194

File No. 19CR 056823		Law Enforcement Case No. ALAMANCE COUNTY SHERIFFS OFFICE	LID No.	SID No.	FBI No.
MAGISTRATE'S ORDER		STATE OF NORTH CAROLINA		In The General Court Of Justice District Court Division	
Offense I M-FAIL TO DISPERSE ON COMMAND		ALAMANCE County			
THE STATE OF NORTH CAROLINA VS.					
Name And Address Of Defendant SARAH CATHERINE PEDERSON 109 W LAVENDER AVE DURHAM NC 27705 DURHAM COUNTY					
Race W	Sex F	Date Of Birth 08/17/1993	Age		
Social Security No. 630-38-2411		Drivers License No. & State 32944453 NC			
Name Of Defendant's Employer					
Offense Code(s) I 5312		Offense In Violation Of G.S. I 14-288.5			
Date Of Offense 11/24/2019 through 11/24/2019					
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 11/24/2019 KJ5384A					
Arresting Officer (Name, Address Or Department) FRYE ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300					
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)					
This act was in violation of the law referred to in this Magistrate's Order. This Magistrate's Order is issued upon information furnished under oath by the arresting officer(s) shown. A copy of this Order has been delivered to the defendant.					
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 11/24/2019	<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		Location Of Court Alamance County Courthouse; CRMB 212 W ELM ST GRAHAM,NC 27253
					Court Date 01/09/2020 Court Time 09:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM

(over)

ORIGINAL COPY

	District Attorney <input type="checkbox"/> Waived <input type="checkbox"/> Not Indigent <input type="checkbox"/> Denied	Attorney For Defendant <input type="checkbox"/> Appointed <input type="checkbox"/> Retained	PRIOR CONVICTIONS: No./Level: <input type="checkbox"/> 0 <input type="checkbox"/> 1 (0) <input type="checkbox"/> II (1-4) <input type="checkbox"/> III (5+)
PLEA: <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ VERDICT: <input type="checkbox"/> guilty _____ M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ <input type="checkbox"/> guilty _____ M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ <input type="checkbox"/> guilty _____ M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> not guilty _____ <input type="checkbox"/> not guilty _____			
JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is ORDERED that the defendant: <input type="checkbox"/> pay costs and a fine of \$ _____ <input type="checkbox"/> be imprisoned for a term of _____ days in the custody of the <input type="checkbox"/> sheriff. <input type="checkbox"/> MCP. <input type="checkbox"/> DAC.* Pretrial credit _____ days served. <input type="checkbox"/> Work release <input type="checkbox"/> is recommended. <input type="checkbox"/> is not recommended. [<input type="checkbox"/> is ordered. (use form AOC-CR-602)] <input type="checkbox"/> The Court finds that a <input type="checkbox"/> longer <input type="checkbox"/> shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary. <input type="checkbox"/> Execution of the sentence is suspended and the defendant is placed on unsupervised probation* for _____ months, subject to the following conditions: 1. commit no criminal offense in any jurisdiction. 2. possess no firearm, explosive or other deadly weapon listed in G.S. 14-269. 3. remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. 4. satisfy child support and family obligations, as required by the Court. 5. pay to the Clerk the costs of court and any additional sums shown below.			
Fine \$	Restitution** \$	Attorney's Fee \$	Community Service Fee \$
Other \$			
**Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: NOTE TO CLERK: Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance)."			
<input type="checkbox"/> 6. complete _____ hours of community service during the first _____ days of probation, as directed by the judicial services coordinator, and pay the fee prescribed by G.S. 143E-708 within _____ days. <input type="checkbox"/> 7. not be found in or on the premises of the complainant or _____ <input type="checkbox"/> 8. not assault, communicate with or be in the presence of the complainant or _____ <input type="checkbox"/> 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319) <input type="checkbox"/> 10. Other: _____ _____ _____ _____			
APPEAL ENTRIES			
<input type="checkbox"/> The defendant, in open court, gives notice of appeal to the <input type="checkbox"/> District <input type="checkbox"/> Superior Court. <input type="checkbox"/> The current pretrial release order is modified as follows:		It is ORDERED that this: <input type="checkbox"/> Judgment is continued upon payment of costs. <input type="checkbox"/> case be consolidated for judgment with _____ <input type="checkbox"/> sentence is to run at the expiration of the sentence in _____ <input checked="" type="checkbox"/> COMMITMENT: It is ORDERED that the Clerk deliver <u>two</u> certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal. PROBABLE CAUSE: <input type="checkbox"/> Probable cause is found as to all Counts except _____, and the defendant is bound over to Superior Court for action by the grand jury. <input type="checkbox"/> No probable cause is found as to Count(s) _____ of this Magistrate's Order and the Count(s) is dismissed.	
Date	Signature Of District Court Judge Or Magistrate		
WAIVER OF PROBABLE CAUSE HEARING		Date	Signature Of District Court Judge Or Magistrate
The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.		Name Of District Court Judge Or Magistrate (Type Or Print)	Signature Of District Court Judge Or Magistrate
Date Waived	Signature Of Defendant	CERTIFICATION	
		I certify that this Judgment is a true and complete copy of the original which is on file in this case.	
Signature Of Attorney	Date	Date Delivered To Sheriff	Signature
		<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> CSC	