AOC-CR-500, Rev. 3/16, @ 2016 Administrative Office of the Courts

4606779-7 In The General Court Of Justice District Court Division File No. III (5+) ☐ The Court finds that a e e vehicle 0 NORTH CAROLINA UNIFORM CITATION custody (2) not operate a motor To Appear In District Court Other: PRIOR CONVICTIONS ORDERED that the defendant: ōō retained in Of Deputy/Assistant/CSC 22 9:00 DA1 10 2020 costs as ordered on attached AOC-CR-618. placed on days served. Interpreter Needed SP OTS Other # Of Chgs ndant to be MISD. CLASS: THE STATE OF NORTH CAROLINA VS 0 | 0 Name Of Defendant defendant is MISD. MERCER, SR Signature Of Magis HOLY RD No./Level: MONROE If supervised probation, verdict/finding, it is Other: and the State City (4) NC sheriff GRAHAM 27253 of \$ ONLY order is modified as follows: days in custody of the sheriff. Pretrial cred Drivers License No. 2454436 State CDL Class the sheriff and that the Appointed Retained Waived the above - MISDEMEANOR Sex Date Of Birth Race The Court finds just cause to waive 19 case be consolidated for judgment with Social Security No. Of Defendant (1) pay costs ONLY State ent to Vehicle License No. pending appeal N VERDICT/ ☐ guilty/resp. FINDING: ☐ guilty/resp. guilty/resp. that nt is ere is probable cause for the defendant's upon information furnished under oath by defendant. Trailer Type CMV Haz. Mat. Make Vehicle Type COURT USE Of Trial Or Plea I certify ORDER current Name And Telephone No. Of Defendant's Employer service within and understandingly of probation and the following: Date Of Arrest & Check Digit No. (As Shown On Fingerphine Card) of Suo I MAGISTRATE'S nours of community ACKNOWLEDGMENT/NONRESIDENT PERSONAL RECOGNIZANCE FOR APPEARANCE Judgment is continued upon payment of costs. COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of the sentence imposed or until the defendant shall have complied with the cor acknowledge receipt of this Citation and I promise to appear in the named court the time and place designated herein to answer the charge(s). I understand that my failure to appear or to dispose of this Citation by other acceptable legal means, such waiver, will result in my operator's license issued by my state of residence being AOC-CR-342 (active) or AOC-CR-310 (probation). suspended until I have done so. Also, I may go before a magistrate and make bail in of my personal recognizance. ed in G.S. Date Signature Of Defendant and freely, conditio of appeal to the **DEPARTMENTAL USE ONLY** bject to the regular c od of probation than specif No. Troop Distri Court. expiration of sentence in Signature Of District SHP Code (3) appeared in Vis. Traffic Accident Area Wea. until properly licensed by DMV; N It is ORDERED that this: open On Highway No./Street Injury Or Serious Injur COUNT SQUARGE Passenger(s) Under 1 defendant in In Vicinity/City Of GAHAM A Neg Intersection JUDGMENT: probation PLEA: Chemical Analyst Wit. Date Refused 87

ORIGINAL-COURT COPY

STA	TE OF NO	RTH CAR	OLINA_	HAMA	NE	County
The L	indersigned of	- 100	(p) m., tr	ne	_ day o	
20	220 , if the	e named cour	nty, the name	ed defendan	t did unlawfully vehicular area	and willfully
	1. At a speed		MPH in a _	MP		.S. 20-141.
	- Initial	ork zone. G.S		tuned.	school zone. G	
	2. In forward the defendan	motion witho	ut having the	provided s	eat belt properly	/ fastened ab
	3. By transpo passenger in	orting a passe a (weight ap	nger of less	than 16 yea	rs of age withor restraint system	ut having the m) (seat belt)
	in weight with	rting a child of out the child to an active par	peing secured	d in the rear	ge and less tha seat, when the and the vehicle	vehicle was
	5. While subj		airing substa	nce. G.S. 2	0-138.1.	
	6. Without be	ing licensed	as a driver b	y the Divisio	on of Motor Veh	icles of North
		lefendant's dr			ked. G.S. 20-28 G.S. 20-28.2(a).	(a). 33. \square wa
	G.S. 20-28(a1					
	to be expired.	G.S. 20-111	(2).		ne vehicle know	
		onic inspection	on authorizat	ion for the v	inspection certil ehicle), such ve Expired:	
	10. By failing such moveme				rning from a dir 154.	ect line) that
] 11. By failing G.S. 20-158(to stop at a b)(1), (b)(3).	duly erected	(stop sign)	(flashing red lig	ht).
	circular light	for traffic in d	efendant's d	irection of tra	l was emitting a avel. G.S. 20-1	58(b)(2).
	G.S. 20-313. (registered) (The defenda required to be	nt was the o e registered)	wner of the in this State	cial responsibili motor vehicle t e. G.S. 20-313.	nat was
] 14. (Possess passenger ar (motor) vehic	ea of a moto	r vehicle. G.	S. 20-138.7(alcoholic bever a1). [NOTE: St e.]	age in the rike "operate
	15. Without d	decreasing sp			old colliding with	a (vehicle)
1	(person). G.S	δ. 20-141(m).	14.5	. A A. In		
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			ی	14	-33(A)	2.5
	17. And on o	r about the da	ate and time	shown abov	e in the named	county, the
					e a (motor) vehi	
	or highway) (public vehicul	ar area)			
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The County of Manager		
	WITNESSES	
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and the later	Marine Marine Comments	

(TYPE OR PRINT IN BLACK INK)	File No. 20 CR 854
STATE OF NORTH CAROLINA	Additional File Nos.
ALAMANCE County	
County	In The General Court Of Justice ☑ District ☐ Superior Court Division
Name Of Pefendant, Petitioner, Respondent	
Street Address Of Defendant, Petitioner, Respondent	
	ORDER OF ASSIGNMENT
	OR
Permanent Mailing Address Of Defendant, Petitioner, Respondent (If Different Than Above)	DENIAL OF COUNSEL
Telephone Number of Defendant, Petitioner, Respondent	
Check here if defendant is in jail Full Social Security No.	
Has No Social Security No.	G.S. 7A-146(11), 7A-292(15), 7A-450, 7A-451(a), 15A-1340.23(d)
Date Of Offense Most Serious Class Of Offense	
INSTRUCTIONS: The Court should complete Part I. or Part II. of this form. E where the degree is undesignated, except for cases where the defendant was a cases or appeals to the Court of Appeals or Supreme Court. For adult first-degit trial level, the Office of Indigent Defense Services will use form AOC-CR-624. Fuse form AOC-CR-625. For appellate cases, the Court will use form AOC-CR-3	under 18 years of age at the time of the offense, or for capital post-conviction ree murder cases or murder cases where the degree is undesignated at the for capital post-conviction cases, the Office of Indigent Defense Services will
I. ASSIGNMENT	
From the petition heard in this matter, the affidavit made by the applic documented in the record, it is determined that the applicant is not fir representation, and <i>(check one)</i> :	
 is charged with a felony, a misdemeanor other than a Class 3, 2013, or is a petitioner or respondent in a proceeding or action indigent and is entitled to the services of counsel as contemple defender in this judicial district shall provide representation. 	
2. is charged with a Class 3 misdemeanor that was committed or	
and is entitled to the services of counsel as contemplate	
the Court does not intend at this appearance to modify released pending trial without posting a secured bond, the courts; it is ORDERED that the applicant is indigen and that the attorney named below or the public defend	has more than three prior convictions, the defendant is in custody, the defendant's conditions of release to allow the defendant to be and the defendant has a constitutional right to meaningful access to a sentitled to the services of counsel as contemplated by law; der in this judicial district shall provide representation that is limited period of the applicant's pretrial confinement on the Class 3
It is further ORDERED that the defendant shall be represented by:	
	efender in this judicial district.
ANTHONY DILELLO	Next Court Date
Date 15 Signature X Ju	dge Clerk Of Superior Court Asst. CSC Deputy CSC Magistrate
NOTE: A magistrate may appoint dounsel if designated to do so by the	he Chief District Court Judge. See G.S. 7A-146(11) and
G.S. 7A-292(15). Material opposite unmarked	squares is to be disregarded as surplusage.

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(TYPE OR PRINT IN BLACK INK) In The General Cou		n 854	
STATE OF NORTH CAROLINA	Additional File N	vos.	
County			
Name Of Applicant FDD F MOGE MER [RM TO Street Number And Street Name, Including Apartment Or Unit Number If Applicable	AFFIDAVIT O	F INDIGENCY G.S. 7A-450 et seq	
830 MONPOR HOLT Rd	Offense(s)	0.5. 1A-450 et seq	
City, State And Zip Code GCA h D m N C ≥ 7 2 5 3 Full Permanent Mailing Address Of Applicant (If Different Than Above)	AFO		
Telephone Number Of Applicant Date Of Birth Do - 19 - 19 + 9 Defendant Parent/Guardian/Trustee MONTHLY INCOME (money you make)	Applicant: Do you have other per in which a lawyer has been appoin Name Of Lawyer Full Social Security No. Of Applicant Y 3 - 8 6 - 3 4 7	No Yes No No Has No Social Security No.	
Employment - Applicant \$ 1,565 mo.	Number Of Dependents)	
Employment - Applicant \$ 1,555 m 0. Name And Address Of Applicant's Employer (If not employed, state reason; if self-employed, state trade)	Shelter Buying Renting	\$ 250.00	
(in the employee, state reason, in sem-employee, state trade)	Food (including Food Stamps) Utilities (power, water, heating, phone, cable, etc.)	\$ 400.00 Month \$20.00 month	
Other Income (Welfare, Food Stamps, S/S, Pensions, etc.)	Health Care	\$ 120,00 month	
Employment - Spouse \$	Installment Payments Vehicle Other	\$ 100,00 ments	
Name And Address Of Spouse's Employer	Car Expenses (gas, insurance, etc.)	\$150,00 month	
	Support Payments	\$ 0	
	Other: (specify)	\$	
Total Monthly Income \$ 1,565 mo	Total Monthly Expenses	\$ 1,200	
DESCRIPTION OF ASSETS AND LIABILITIES	ASSETS (things you own)	LIABILITIES (amounts you owe)	
Cash On Hand And In Bank Accounts (List Name Of Bank & Account No.)	\$		
Money Owed To Or Held For Applicant	\$		
Motor Vehicles (List Make, Model, Year)	(Fair Market Value)	(Balance Due)	
Real Estate	(Fair Market Value)	\$ (Balance Due)	
Personal Property	\$ (Fair Market Value)	(Balance Due)	
Other Debts Suntrust 30000		\$	
Last Income Tax Filed 20 <u>S</u> Refund Owe	\$	\$	
Other	\$	\$	
Total Assets And Liabilities	\$	\$	
Bond Type Amount \$	By Whom Posted	Ψ	
NOTE: Read the notice on the rev AOC-CR-226, Rev. 10/13 © 2013 Administrative Office of the Courts (O	ver)	"Mo Dec31B	

NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER

- When answering the questions on the Affidavit Of Indigency (reverse side of this form), please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case.
- 2. A court-appointed lawyer is not free. If you are convicted or plead guilty or no contest, you may be required to repay the cost of your lawyer as a part of your sentence. The Court may also enter a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund may be taken to pay for the cost of your court-appointed lawyer. In addition, if you are convicted or plead guilty or no contest, the Court must charge you an attorney appointment fee and may enter this fee as a civil judgment against you pursuant to G.S. 7A-455.1.
- 3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony.").

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for a court-appointed lawyer upon request of the Court.

Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		10 22 ~ 20 20	
Date Signature Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate		Signature Of Applicant E O Che SM Manue Of Applicant (Type Or Print)	
Notary	Date My Commission Expires	☐ Defendant ☐ Parent/Guardian/Trustee ☐	
SEAL	County Where Notarized		
	e less than 18 years old, or if you are at least 18 , state name and address of parent, guardian c	8 years old but remain dependent on and live with a parent or or trustee below.	
		Name Of Parent/Guardian Or Trustee	
		Address	
		City, State, Zip	

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