

File No. <div style="text-align: center; font-weight: bold;">20CR 054381</div>		Law Enforcement Case No. ALAMANCE COUNTY SHERIFFS OFFICE		LID No.	SID No.	FBI No. 636472MD1	
<div style="text-align: center; font-weight: bold;">MAGISTRATE'S ORDER</div>		<div style="text-align: center; font-weight: bold;">STATE OF NORTH CAROLINA</div> <div style="display: flex; justify-content: space-between;"> <div> ALAMANCE County </div> <div style="text-align: right;"> In The General Court Of Justice District Court Division </div> </div>					
Offense I M-DISORDERLY CONDUCT							
<div style="text-align: center; font-weight: bold;">THE STATE OF NORTH CAROLINA VS.</div>							
Name And Address Of Defendant AVERY MARKEL HARVEY 1510 S. MEBANE ST APT L BURLINGTON NC 27215 ALAMANCE COUNTY (336) 512-9943		I, the undersigned, find that the defendant named above has been arrested without a warrant and the defendant's detention is justified because there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did intentionally cause a public disturbance at 1 NW CT SQUARE, by using abusive language, intended and plainly likely to provoke immediate violent retaliation and thereby cause a breach of the peace. The acts of the defendant were directed toward COUNTER-PROTESTORS and consisted of SHOUTED "FUCK Y'ALL".					
Race B	Sex M	Date Of Birth 07/08/1990	Age				
Social Security No. <div style="background-color: yellow; width: 100px; height: 1.2em;"></div>		Drivers License No. & State 34153037 NC					
Name Of Defendant's Employer							
Offense Code(s) I 5330		Offense In Violation Of G.S. I 14-288.4					
Date Of Offense 09/26/2020							
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 09/26/2020 16094CM							
Arresting Officer (Name, Address Or Department) MARK A DOCKERY JR JR. ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300							
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) DAVID SYKES ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300							
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 09/26/2020		<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; CRMA 212 W ELM ST GRAHAM, NC 27253	
						Court Date 10/20/2020	
						Court Time 09:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

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"/> I (0) <input type="checkbox"/> II (1-4) <input type="checkbox"/> III (5+)
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PLEA: <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ <input type="checkbox"/> guilty <input type="checkbox"/> no contest _____ <input type="checkbox"/> not guilty _____	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 _____ M.CL. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <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 _____
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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: ☐ pay costs and a fine of \$ _____.

☐ be imprisoned for a term of _____ days in the custody of the ☐ sheriff. ☐ MCP. ☐ DAC.* Pretrial credit _____ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. (use form AOC-CR-602)]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d), is necessary.

☐ 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 \$
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****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)."**

☐ 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. 143B-708 within _____ days.

☐ 7. not be found in or on the premises of the complainant or _____.

☐ 8. not assault, communicate with or be in the presence of the complainant or _____.

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: _____

APPEAL ENTRIES	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 _____.
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☐ The defendant, in open court, gives notice of appeal to the
☐ District ☐ Superior Court.
☐ The current pretrial release order is modified as follows:

Date _____ Signature Of District Court Judge Or Magistrate _____

WAIVER OF PROBABLE CAUSE HEARING	COMMITMENT: <input type="checkbox"/> 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.
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The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived _____ Signature Of Defendant _____

_____ Signature Of Attorney _____

Date _____ Name Of District Court Judge Or Magistrate (Type Or Print) _____ Signature Of District Court Judge Or Magistrate _____

CERTIFICATION			
I certify that this Judgment is a true and complete copy of the original which is on file in this case.			
Date	Date Delivered To Sheriff	Signature	<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> CSC

NORTH CAROLINA - LAW ENFORCEMENT INCIDENT DATA SHEET

ALAMANCE

County

Citation/Tracking No.

File No.

20CR 054381

Date Of Arrest

09/26/2020

Check Digit No. (as shown on fingerprint card)

NOT FINGERPRINTED BY LAW ENFORCEMENT OFFICER

Date Of Offense

on or about

09/26/2020

Time Of Offense

on or about

DEFENDANT INFORMATION

Name Of Defendant

HARVEY, AVERY MARKEL

Interpreter Needed

Drivers License No.

34153037

State

NC

CDL

Class

Race

BLACK

Sex

MALE

Date Of Birth

07/08/1990

Age

30

Hair

Eyes

Weight

Height

Place Of Birth

NORTH CAROLINA, UNITED STATES OF AMERICA

VEHICLE INFORMATION

Vehicle License No.

State

Make

Year

☐ Haz. Mat.

☐ CMV

Trailer Type

Vehicle Type

INCIDENT INFORMATION

Area

Weather

Visibility

Traffic

Accident

Speed

Zone

☐ Injury Or Serious Injury

☐ Passenger(s) Under 18

Offense Location

☐ Business Route

☐ Unpaved

In Vicinity/City Of

At/Near Intersection

OFFICER INFORMATION

Agent/Officer

DOCKERY, MARK A JR.

No.

479

Law Enforcement Agency

ALAMANCE COUNTY SHERIFFS OFFICE

SHP Code

Assisting Agent(s)/Officer(s) And ID Number(s)

Assistance

Wit.

Chemical Analyst

☐ AC

☐ Refused ☐ Blood

OFFENSE INFORMATION

#	Statute	Offense Short Description	Offense Type	Probable Cause
1	14-288.4	DISORDERLY CONDUCT	M	YES
2				
3				

NOTES

ORIGINAL DISPOSITION REPORT

WHEN COMPLETED SUBMIT TO:

NORTH CAROLINA STATE BUREAU OF INVESTIGATION
DIVISION OF CRIMINAL INFORMATION
407 NORTH BLOUNT STREET
RALEIGH, N.C. 27601 - 1009

ATTN: IDENTIFICATION SECTION

CKN Number - 1609UCM

TO BE COMPLETED BY ARRESTING AGENCY		TO BE COMPLETED BY CLERK&S OFFICE																	
SID NO.	FBI NO.	COURT LEVEL: <input type="checkbox"/> DISTRICT <input type="checkbox"/> SUPERIOR																	
NAME ON FINGERPRINT CARD SUBMITTED TO SBI		COURT DOCKET NUMBER	COURT DISPOSITION DATE																
		<input type="checkbox"/> DISMISSED <input type="checkbox"/> DISMISSED WITH LEAVE																	
HARVEY LAST AVERY FIRST MARKEL MIDDLE RACE B DATE OF BIRTH 07/08/1990 SEX M SOCIAL SECURITY NO.		CHARGE CONVICTED OF:																	
ARREST NO. (OCA) DATE OF ARREST 09/26/20		<input type="checkbox"/> CONSOLIDATED FOR JUDGMENT WITH CASE NO. - (Note: if this block is checked, a copy of the final disposition reflecting the original judgment must be attached.)																	
OFFENSES CHARGE AT ARREST DISORDERLY CONDUCT / 5330		PLEA <input type="checkbox"/>	VERDICT <input type="checkbox"/>																
		MISDEMEANOR <input type="checkbox"/>	FELONY <input type="checkbox"/>																
		SPLT SENTENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No																	
		JUDGMENT: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Days</th> <th>Months</th> <th>Years</th> </tr> </thead> <tbody> <tr> <td>Active Sentence -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Probation -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Suspended -</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Days	Months	Years	Active Sentence -	_____	_____	_____	Probation -	_____	_____	_____	Suspended -	_____	_____	_____
	Days	Months	Years																
Active Sentence -	_____	_____	_____																
Probation -	_____	_____	_____																
Suspended -	_____	_____	_____																
		FINE: _____ COST: _____																	
		RESTITUTION: _____ ATTORNEY FEE: _____																	
		<input type="checkbox"/> CASE APPEALED FROM DISTRICT COURT <input type="checkbox"/> CASE APPEALED TO APPELLATE DIVISION (Submit copy of this form and retain original until final judgment after Appellate decision)																	
		ADDITIONAL INFORMATION:																	
		DATE _____ COUNTY _____																	
		SIGNATURE _____																	
		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court																	
		If additional space is needed, check <input type="checkbox"/> and continue on reverse side of this form.																	
SIGNATURE _____																			
TITLE _____		DATE _____																	

STATE OF NORTH CAROLINA		File No. 20CR 054381	
ALAMANCE County		In The General Court Of Justice <input checked="" type="checkbox"/> District <input type="checkbox"/> Superior Court Division	
STATE VERSUS		CONDITIONS OF RELEASE AND RELEASE ORDER	
Name And Address Of Defendant AVERY MARKEL HARVEY 1510 S. MEBANE ST APT L BURLINGTON NC 27215		# 20RO918440 G.S. Chapter 15A, Art. 25, 26 Amount Of Bond \$	
Offenses And Additional File Numbers 20CR54381 MAG ORDR; M-DISORDERLY CONDUCT			
<input type="checkbox"/> See Attachment			
Location Of Court Alamance County Courthouse; CRMA		<input checked="" type="checkbox"/> District <input type="checkbox"/> Superior	Date 10/20/2020 Time 09:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<p>To The Defendant Named Above, you are ORDERED to appear before the Court as provided above and at all subsequent continued dates. If you fail to appear, you will be arrested and you may be charged with the crime of willful failure to appear. You also may be arrested without a warrant if you violate any condition of release in this Order or in any document incorporated by reference.</p> <p>The defendant has been advised of charge(s) against him/her and his/her right to communicate with counsel and friends.</p> <p><input checked="" type="checkbox"/> Your release is authorized upon execution of your: <input checked="" type="checkbox"/> WRITTEN PROMISE to appear <input type="checkbox"/> UNSECURED BOND in the amount shown above <input type="checkbox"/> CUSTODY RELEASE <input type="checkbox"/> SECURED BOND in the amount shown above (NOTE: Give a copy of this order to any surety who posts bond.) <input type="checkbox"/> HOUSE ARREST with ELECTRONIC MONITORING administered by (agency) and the SECURED BOND above. You may leave your residence for the purpose(s) of <input type="checkbox"/> employment <input type="checkbox"/> counseling <input type="checkbox"/> course of study <input type="checkbox"/> vocational training</p> <p>DO NOT COME BACK TO THE CITY OF GRAHAM NC FOR 72 HRS UNLESS YOU WORK IN GRAHAM NC PER MAGISTRATE COUNCILMAN 09/26/2020</p> <p><input type="checkbox"/> Your release is not authorized. <input type="checkbox"/> The defendant is required to provide (check all that apply) <input type="checkbox"/> fingerprints under G.S. 15A-502. <input type="checkbox"/> a DNA sample under G.S. 15A-266.3A. Prior to release, the defendant shall provide his/her (check all that apply) <input type="checkbox"/> fingerprints. <input type="checkbox"/> DNA sample. <input type="checkbox"/> The defendant has been <input type="checkbox"/> (i) charged with a felony while on probation (complete AOC-CR-272, Side One). <input type="checkbox"/> (ii) arrested for violation of probation with a pending felony charge or prior conviction requiring registration under G.S. 14, Article 27A (complete AOC-CR-272, Side Two). <input type="checkbox"/> This Order is entered upon defendant's warrantless arrest for violation of conditions of release entered previously for the above-captioned case in the Order dated _____. <input type="checkbox"/> The defendant was arrested or surrendered after failing to appear as required under a prior release order. <input type="checkbox"/> This was the defendant's second or subsequent failure to appear in this case. <input type="checkbox"/> Your release is subject to the conditions as shown on the attached <input type="checkbox"/> AOC-CR-270. <input type="checkbox"/> Other: _____</p>			
Additional Information			
Date 09/26/2020	Signature Of Judicial Official KELLY R COUNCILMAN		<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> District Court Judge <input type="checkbox"/> Superior Court Judge
ORDER OF COMMITMENT			
<p>To The Custodian Of The Detention Facility Named Below, you are ORDERED to receive in your custody the defendant named above who may be released if authorized above. If the defendant is not sooner released, you are ORDERED to: <input checked="" type="checkbox"/> produce him/her in Court as provided above. <input type="checkbox"/> hold him/her <input type="checkbox"/> as provided on the attached AOC-CR-272. <input type="checkbox"/> for the following purpose: _____ <input type="checkbox"/> [for charges covered by G.S. 15A-534.1 (domestic violence) or 15A-534.7 (threat of mass violence)] produce him/her at the first session of District or Superior Court held in this county after the entry of this Order or, if no session is held before (enter date and time 48 hours after time of arrest) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM produce him/her before a magistrate of this county at that time to determine conditions of pretrial release.</p>			
Name Of Detention Facility ALAMANCE COUNTY JAIL	Date 09/26/2020	Signature Of Judicial Official KELLY R COUNCILMAN	
WRITTEN PROMISE TO APPEAR OR CUSTODY RELEASE			
I, the undersigned, promise to appear at all hearings, trials or otherwise as the Court may require and to abide by any restrictions set out above. I understand and agree that this promise is effective until the entry of judgment in the District Court from which no appeal is taken or until the entry of judgment in Superior Court. If I am released to the custody of another person, I agree to be placed in that person's custody, and that person agrees by his/her signature to supervise me.			
Date 09/26/2020	Signature Of Defendant	Signature Of Person Agreeing To Supervise Defendant	
Name Of Person Agreeing to Supervise Defendant (type or print)		Address Of Person Agreeing To Supervise Defendant	
DEFENDANT RELEASED ON BAIL			
Date 16 Sept 2020	Time 2257	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature Of Jailer [Signature]
AOC-CR-200, Rev. 12/18 © 2018 Administrative Office of the Courts			

ORIGINAL COPY

CONDITIONS OF RELEASE MODIFICATIONS

The Conditions of Release on the reverse are modified as follows:

Modification	Date	Signature Of Judicial Official

SUPPLEMENTAL ORDERS FOR COMMITMENT

The defendant is next Ordered produced in Court as follows:

Date	Time	Place	Purpose	Signature Of Judicial Official

DEFENDANT RECEIVED BY DETENTION FACILITY

Date	Time	Signature Of Jailer

DEFENDANT RELEASED FOR COURT APPEARANCE

Date	Time	Signature Of Jailer

NOTE TO CUSTODIAN: This form shall accompany the defendant to court for all appearances.

AOC-CR-200, Side Two, Rev. 12/18

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