

File No. 20CR 055001		Law Enforcement Case No.		LID No.	SID No.	FBI No. ID1WAHJWN												
MAGISTRATE'S ORDER		STATE OF NORTH CAROLINA In The General Court Of Justice District Court Division ALAMANCE County																
Offense I M-WEAPONS AT PARADES, ETC.																		
THE STATE OF NORTH CAROLINA VS.																		
Name And Address Of Defendant CIERRA TATE 2017 PHILLIPS AVE GREENSBORO NC 27405 GUILFORD COUNTY (336) 987-0821		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 AT A PROTEST/DEMONSTRATION/PARADE WITH A SILVER FIXED BLADE KNIFE WITH BROWN HANDLE.																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Race B</td> <td style="width:15%;">Sex F</td> <td style="width:25%;">Date Of Birth 09/19/1985</td> <td style="width:15%;">Age</td> </tr> <tr> <td colspan="2">Social Security No. [REDACTED]</td> <td colspan="2">Drivers License No. & State 23765516 NC</td> </tr> <tr> <td colspan="4">Name Of Defendant's Employer</td> </tr> </table>							Race B	Sex F	Date Of Birth 09/19/1985	Age	Social Security No. [REDACTED]		Drivers License No. & State 23765516 NC		Name Of Defendant's Employer			
Race B	Sex F						Date Of Birth 09/19/1985	Age										
Social Security No. [REDACTED]							Drivers License No. & State 23765516 NC											
Name Of Defendant's Employer																		
Offense Code(s) I 5299							Offense In Violation Of G.S. I 14-277.2											
Date Of Offense 10/31/2020																		
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)																		
Arresting Officer (Name, Address Or Department) B KILMER ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300																		
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) N STONE 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 10/31/2020																
		<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; CRMB 212 W ELM ST GRAHAM, NC 27253																
		Court Date 12/08/2020 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+)
		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 _____		
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. 143B-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:						
Date		Signature Of District Court Judge Or Magistrate				
WAIVER OF PROBABLE CAUSE HEARING						
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

Kilmer - dcs

STATE OF NORTH CAROLINA		File No. 20CR 055001	
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 CIERRA TATE 2017 PHILLIPS AVE GREENSBORO NC 27405			
Offenses And Additional File Numbers 20CR55001 MAG ORDR; M-WEAPONS AT PARADES, ETC.		# 20RO1050851	G.S. Chapter 15A, Art. 25, 26
		Amount Of Bond \$	
<input type="checkbox"/> See Attachment			
Location Of Court Alamance County Courthouse; CRMB		<input checked="" type="checkbox"/> District <input type="checkbox"/> Superior	Date 12/08/2020 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 NOT BE IN THE CITY OF GRAHAM FOR THE NEXT 72 HOURS UNLESS FOR COURT OR WORK PURPOSES. NOT KNOWING VIOLATE ANY CURFEW OR OTHER RESTRICTIONS OF ASSEMBLY IMPOSED BY ANY STATE OF EMERGENCY.</p> <p><input type="checkbox"/> Your release is not authorized.</p> <p><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.</p> <p><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).</p> <p><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 _____.</p> <p><input type="checkbox"/> The defendant was arrested or surrendered after failing to appear as required under a prior release order.</p> <p><input type="checkbox"/> This was the defendant's second or subsequent failure to appear in this case.</p> <p><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 10/31/2020	Signature Of Judicial Official H B RODGERS	<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 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: _____.</p> <p><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	Date	Signature Of Judicial Official H B RODGERS	
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 10-31-2020	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 10-31-20	Time 1349	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Signature Of Jailer CPL. WISE/WHITSETT
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:

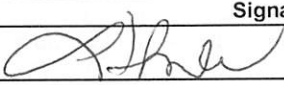
Modification	Date	Signature Of Judicial Official

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
10/31/20	1335	

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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STATE OF NORTH CAROLINA

Alamance County

File No.

20CR55001

In The General Court Of Justice

☒ District ☐ Superior Court Division

STATE VERSUS

Name Of Defendant

Cierra Tate

WAIVER OF COUNSEL

G.S. 7A-457; 15A-1242

Additional File No.(s) And/Or Offense(s)

ACKNOWLEDGMENT OF RIGHTS AND WAIVER

As the undersigned party in this action, I freely and voluntarily declare that I have been fully informed of the charges against me, the nature of and the statutory punishment for each such charge, and the nature of the proceedings against me; that I have been advised of my right to have counsel assigned to assist me and my right to have the assistance of counsel in defending against these charges or in handling these proceedings, and that I fully understand and appreciate the consequences of my decision to waive the right to assigned counsel and the right to assistance of counsel.

I freely, voluntarily and knowingly declare that:

(check only one)

- ☒ 1. I waive my right to assigned counsel and that I, hereby, expressly waive that right.
- ☐ 2. I waive my right to all assistance of counsel which includes my right to assigned counsel and my right to the assistance of counsel. In all respects, I desire to appear in my own behalf, which I understand I have the right to do.

SWORN AND SUBSCRIBED TO BEFORE ME

Date

12-8-2020

Date

12/8/20

Signature

[Signature]

Signature Of Defendant

[Signature]

☐ Judge

☐ Clerk Of Superior Court

☐ Asst. CSC

☒ Deputy CSC

☐ Magistrate

CERTIFICATE OF JUDICIAL OFFICIAL

I certify that the above named defendant has been fully informed of the charges against him/her, the nature of and the statutory punishment for each charge, and the nature of the proceeding against the defendant and his/her right to have counsel assigned by the court and his/her right to have the assistance of counsel to represent him/her in this action; that the defendant comprehends the nature of the charges and proceedings and the range of punishments; that he/she understands and appreciates the consequences of his/her decision and that the defendant has voluntarily, knowingly and intelligently elected in open court to be tried in this action:

(check only one)

- ☒ 1. without the assignment of counsel.
- ☐ 2. without the assistance of counsel, which includes the right to assigned counsel and the right to assistance of counsel.

NOTE: For a waiver of assigned counsel only, both blocks numbered "1" must be checked. For a waiver of all assistance of counsel, both blocks numbered "2" must be checked.

Date

12-8-2020

Signature Of Judicial Official

Name Of Judicial Official (Type Or Print)

FRED WILKINS

NOTE: A magistrate may accept waivers of counsel if designated to do so by the Chief District Court Judge. See G.S. 7A-146(11) and G.S. 7A-292(15).

