

File No. 20CR 055011		Law Enforcement Case No.	LID No.	SID No.	FBI No. 707860EH2		
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.		<p>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 FAILED TO VACATE THE PREMISES AFTER VIOLATING THE PERMITTING PROCESS AND FAILING TO HEED COMMANDS. GIVEN 3 WARNINGS WITH 5 MINUTES IN BETWEEN THE WARNINGS</p> <p>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.</p>					
Name And Address Of Defendant REGIS KISHON GREEN							
4600 UNIVERSITY DR 302 DURHAM NC DURHAM COUNTY							
Race B	Sex M					Date Of Birth 03/23/1992	Age
Social Security No. 241-73-8626						Drivers License No. & State 34427430 NC	
Name Of Defendant's Employer							
Offense Code(s) I 5312						Offense In Violation Of G.S. I 14-288.5	
Date Of Offense 10/31/2020							
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 10/31/20 2013 UCY							
Arresting Officer (Name, Address Or Department) MICHAEL DEAN CULLER ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300							
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) MARK A DOCKERY JR JR. 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			
		Signature H B RODGERS		Location Of Court Alamance County Courthouse; CRMB 212 W ELM ST GRAHAM, NC 27253			
				Court Date 11/12/2020			
				Court Time 09:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			



(over)
ORIGINAL COPY

	District Attorney KPH	<input type="checkbox"/> Waived <input type="checkbox"/> Not Indigent <input type="checkbox"/> Denied	Attorney For Defendant Paulen	<input type="checkbox"/> Appointed <input checked="" 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 checked="" 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 checked="" type="checkbox"/> not guilty	VERDICT: <input checked="" type="checkbox"/> guilty <input type="checkbox"/> M.C.L. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty <input type="checkbox"/> M.C.L. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> guilty <input type="checkbox"/> M.C.L. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> not guilty <input type="checkbox"/> M.C.L. <input type="checkbox"/> A1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	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 <u>1</u> 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 \$ <u>50</u>	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 checked="" type="checkbox"/> 10. Other: <u>continue sent to 3/10/21</u>					
9					
APPEAL ENTRIES					
<input checked="" type="checkbox"/> The defendant, in open court, gives notice of appeal to the <input type="checkbox"/> District <input checked="" type="checkbox"/> Superior Court. <input checked="" type="checkbox"/> The current pretrial release order is modified as follows: <u>Rem the same</u>					
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 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 <u>5/19/21</u> Signature Of District Court Judge Or Magistrate <u>[Signature]</u>		Name Of District Court Judge Or Magistrate (Type Or Print) <u>WLL</u>		Signature Of District Court Judge Or Magistrate <u>[Signature]</u>	
WAIVER OF PROBABLE CAUSE HEARING					
The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.					
CERTIFICATION					
I certify that this Judgment is a true and complete copy of the original which is on file in this case.					
Date Waived _____ Signature Of Defendant _____		Date _____ Date Delivered To Sheriff _____ Signature _____		<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> CSC	