

File No. 20CR 055014		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-MISD RIOT		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 ASSEMBLE WITH TWO OR MORE OTHER PERSONS AND ENGAGES IN A PUBLIC DISTURBANCE THAT BY DISORDERLY CONDUCT OR THE IMMINENT THREAT OF DISORDERLY AND VIOLENT CONDUCT CREATED A CLEAR AND PRESENT DANGER OF INJURY OR DAMAGE TO PERSONS OR PROPERTY.</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 FAITH COOK 330 W MARKET ST GRAHAM NC 27253 ALAMANCE COUNTY (804) 356-4044								
Race B	Sex F					Date Of Birth 07/12/1978	Age	
Social Security No. [REDACTED]						Drivers License No. & State		
Name Of Defendant's Employer						Offense Code(s) I 9999		
						Offense In Violation Of G.S. I 14-288.2(A)		
Date Of Offense 10/31/2020 through 10/31/2020						Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 10/31/2020		
Arresting Officer (Name, Address Or Department) M JOHNSON ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300						Signature AMELIA KNAUFF		
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) JASON TEAGUE ALAMANCE COUNTY SHERIFFS OFFICE 109 SOUTH MAPLE ST GRAHAM NC 27253 ALAMANCE COUNTY (336) 570-6300						Location Of Court Alamance County Courthouse; CRMA 212 W ELM ST GRAHAM, NC 27253		Court Date 11/30/2020
<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		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: <u>0</u> <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 _____ 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. 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:		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					
The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.		Date	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.					
Date	Date Delivered To Sheriff	Signature		<input type="checkbox"/> Dep. CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> CSC	

STATE OF NORTH CAROLINA

File No

200R55014

ALAMANCE County

In The General Court Of Justice
[X] District [] Superior Court Division

STATE VERSUS

Name Of Defendant

Faith Cook

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)

- [X] 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

11/30/20

Date

11-30-20

Signature

[Signature]

Signature Of Defendant

[Signature]

- [] Judge [] Clerk Of Superior Court [] Asst. CSC [X] 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)

- [X] 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

11-30-2020

Signature Of Judicial Official

Name Of Judicial Official (Type Or Print)

JOHN ED 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).

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STATE OF NORTH CAROLINA

File No.

20CR 055014

ALAMANCE County

In The General Court Of Justice
[X] District [] Superior Court Division

STATE VERSUS

CONDITIONS OF RELEASE AND RELEASE ORDER

Name And Address Of Defendant

FAITH COOK
330 W MARKET ST

GRAHAM NC 27253

20RO1051135

G.S. Chapter 15A, Art. 25, 26

Amount Of Bond \$

Offenses And Additional File Numbers

20CR55014 MAG ORDR; M-MISD RIOT

[] See Attachment

Location Of Court

Alamance County Courthouse; CRMA

[X] District [] Superior

Date

11/30/2020

Time

09:00

[X] AM [] PM

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.

The defendant has been advised of charge(s) against him/her and his/her right to communicate with counsel and friends.

[X] Your release is authorized upon execution of your: [X] WRITTEN PROMISE to appear [] UNSECURED BOND in the amount shown above [] CUSTODY RELEASE [] SECURED BOND in the amount shown above (NOTE: Give a copy of this order to any surety who posts bond.)

[] HOUSE ARREST with ELECTRONIC MONITORING administered by (agency) and the SECURED BOND above. You may leave your residence for the purpose(s) of [] employment [] counseling [] course of study [] vocational training
DEFENDANT IS NOT TO RETURN TO GRAHAM, NC FOR 72 HOURS. SHE MAY RETURN TO GRAHAM AFTER 4:30PM ON 11/3/2020 COURT SQUARE IN GRAHAM

- [] Your release is not authorized.
[] The defendant is required to provide (check all that apply) [] fingerprints under G.S. 15A-502. [] a DNA sample under G.S. 15A-266.3A.
[] Prior to release, the defendant shall provide his/her (check all that apply) [] fingerprints. [] DNA sample.
[] The defendant has been [] (i) charged with a felony while on probation (complete AOC-CR-272, Side One). [] (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).
[] 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
[] The defendant was arrested or surrendered after failing to appear as required under a prior release order.
[] This was the defendant's second or subsequent failure to appear in this case.
[] Your release is subject to the conditions as shown on the attached [] AOC-CR-270. [] Other:

Additional Information

Date 10/31/2020

Signature Of Judicial Official AMELIA KNAUFF

[X] Magistrate [] Deputy CSC [] Assistant CSC
[] Clerk Of Superior Court [] District Court Judge [] Superior Court Judge

ORDER OF COMMITMENT

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: [] produce him/her in Court as provided above.

[] hold him/her [] as provided on the attached AOC-CR-272. [] for the following purpose:

[] [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)
[] AM [] PM produce him/her before a magistrate of this county at that time to determine conditions of pretrial release.

Name Of Detention Facility

Date

Signature Of Judicial Official

AMELIA KNAUFF

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 10/31/20 Signature Of Defendant Faith Cook

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 1715 [] AM [X] PM

Signature Of Jailer [Signature]

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	1100	<i>Carneth</i>

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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