

**STATE OF NORTH CAROLINA**

File No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name Of Plaintiff

**CIVIL SUMMONS  
NO-CONTACT ORDER FOR  
STALKING OR NONCONSENSUAL  
SEXUAL CONDUCT**

ALIAS AND PLURIES SUMMONS

G.S. 1A-1, Rules 3, 4

**VERSUS**

Name Of Defendant

Date Original Summons Issued

Date(s) Subsequent Summons(es) Issued

**To The Defendant Named Below:**

Name And Address Of Defendant

**A Civil Action Has Been Commenced Against You!**

You are notified to appear and answer the complaint of the plaintiff as follows:

1. File a written answer in the office of the Clerk of Superior Court for the county named above within 10 days of the date you were served.
2. Serve a copy of your answer on the plaintiff or the plaintiff's attorney by personal delivery or mail at the address listed below.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address Of Plaintiff's Attorney (If None, Address Of Plaintiff)

Date Issued

Time

AM  PM

Signature

Deputy CSC  Assistant CSC  Clerk Of Superior Court

**ENDORSEMENT**

This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

Date Of Endorsement

Time

AM  PM

Signature

Deputy CSC  Assistant CSC  Clerk Of Superior Court

**RETURN OF SERVICE**

I certify that this Summons and a copy of the complaint  and Temporary No-Contact Order  and Notice Of Hearing on a No-Contact Order were received and served as follows:

**DEFENDANT**

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Defendant</i>
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- By delivering to the defendant named above a copy of the summons and complaint.
- By leaving a copy of the summons and complaint at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.

*Name And Address Of Person With Whom Copies Left*

Defendant WAS NOT served for the following reason:

<i>Date Received</i>	<i>Signature Of Deputy Sheriff Making Return</i>
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<i>Date Of Return</i>	<i>Name Of Deputy Sheriff (Type Or Print)</i>
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<i>County Of Sheriff</i>
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