

NORTH CAROLINA
COUNTY OF WAKE

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Assigned Judge: _____

_____, Plaintiff,
v.
_____, Defendant.

ORDER TO APPEAR AND SHOW CAUSE

TO THE PLAINTIFF DEFENDANT NAMED ABOVE:

Name and address of Person to be Served:

The Court finds probable cause to believe that you are in civil or criminal contempt for failing to comply with the Court's order as specified in the Motion for Order to Show Cause, **a copy of which is attached**. You are Ordered to appear at the date, time and place set out below to show cause, if any, why the Court should not enter an order holding you in civil or criminal contempt. Your failure to appear as ordered may result in the issuance of an Order for Arrest.

Date of Hearing: _____

Time of Hearing: _____ a.m. p.m.

Estimated Length of Hearing: _____

Location: Wake County Courthouse, Courtroom _____
316 Fayetteville Street
Raleigh, North Carolina 27601

This the ____ day of _____, 20____.

DISTRICT COURT JUDGE

CERTIFICATE OF SERVICE

I hereby certify that a copy of this Order to Appear and Show Cause has been served on the opposing party/counsel in the following manner:

By depositing a copy in the US Mail in a properly addressed, postpaid envelope to: _____

By certified mail, return receipt requested to: _____

[Note: the return receipt green card must be filed with the clerk's office to show proof of service]

By Sheriff to: _____

By facsimile to: _____ Fax No.: _____

Other: _____

Date: _____

Plaintiff

Defendant

Attorney for Plaintiff

Attorney for Defendant

SHERIFF COMPLETES THE FORM BELOW THIS BOX

I certify that this Order to Appear and Show Cause was received and served as follows:

Date Served:	Name of Obligor:
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By delivering to the Obligor named above a copy of this Order.

By leaving a copy of this Order at the dwelling house or usual place of abode of the obligor named above with a person of suitable age and discretion then residing therein.

Name And Address Of Person With Whom Copies Left:

The obligor **WAS NOT** served for the following reason: _____

Date Received:	Name Of Sheriff:
Date Of Return:	County:
Service Fee:	Deputy Sheriff Making Return: