

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division**STATE VERSUS**

Name And Address Of Defendant

**APPLICATION AND
WRIT OF HABEAS CORPUS
AD PROSEQUENDUM**

G.S. 15-10.3

Race Sex Date Of Birth Offender ID (if any)

Name Of Agency In Whose Custody Defendant Confined Or Committed

 NC Department of Adult Correction Sheriff of _____ County Division of Juvenile Justice, NC DPS**CHARGES PENDING FOR TRIAL**

The charge(s) pending for trial are set forth in the TABLE OF CHARGES section of this form (see AOC-CR-223, Side Two).

APPLICATION**To Any Judge Of The Trial Division Named Above:**

The defendant named above is confined or committed in the custody of the agency named above. The prosecutor requests that a Writ of Habeas Corpus Ad Prosequendum be issued to the agency, requiring that the defendant be delivered, on the court date and at the time and place shown below, to the court in which the charge(s) referred to above are pending.

Court Date	Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Prosecutor (type or print)	Date Of Application
Location Of Court	Signature Of Prosecutor		<input type="checkbox"/> District Attorney <input type="checkbox"/> Assistant District Attorney

WRIT**To The Agency Named Above:**

The defendant named above is confined or committed in your custody. Upon application of the prosecutor named above, you are ORDERED to deliver the defendant to the custody of the sheriff of this county so that the defendant may be brought before this Court on the court date and at the time and place referred to above.

To: The Sheriff Of This County Other _____

You are ORDERED to serve this writ upon the agency named above; to take the defendant into custody and bring him/her before this Court on the date and at the time and place shown above and, when the court proceeding has been completed and the defendant is released by the court, to return the defendant to the custody of that agency unless the court directs otherwise.

Date	Name Of Judge (type or print)
<input type="checkbox"/> District Court Judge <input type="checkbox"/> Superior Court Judge	Signature Of Judge

RETURN OF SERVICE

I certify that this Writ was received and served as follows.

Date Writ Received	Date Writ Served On Custodian	Date Of Return Of Service
Name Of Person Served	Signature Of Person Making Return Of Service	
Date Def. Received From Custodian	Date Def. Returned To Custodian	<input type="checkbox"/> Deputy Sheriff <input type="checkbox"/> Other _____

Original - Custodian Copy - District Attorney Copy - File
(Over)

