

_____ County

**COMPLAINT FOR PERMANENT
CIVIL NO-CONTACT ORDER
AGAINST HUMAN TRAFFICKER
OR SEX OFFENDER**

Name Of Plaintiff/Victim
Name Of Person Filing On Behalf Of Minor Or Incompetent Victim
Address Of Plaintiff/Victim (use alternative address if afraid to give physical address)
VERSUS
Name And Address Of Defendant/Respondent

G.S. 50D-2

NOTE TO PLAINTIFF/PERSON FILING ON BEHALF OF PLAINTIFF: Use this form only if you are seeking a permanent civil no-contact order prohibiting contact by a person convicted of a human trafficking offense or sex offense against you or against the minor child or the incompetent adult you are filing on behalf of. Check only the boxes below that apply and fill in blanks. Additional sheets may be attached.

1. (check all that apply)
 - The plaintiff resides in this county.
 - The defendant resides in this county.
 - The defendant was convicted of the human trafficking offense sex offense in this county.
 - Neither the plaintiff nor the defendant resides in North Carolina and in the plaintiff's summons and complaint the plaintiff designates this county.
2. a. I am a victim of a human trafficking offense sex offense that occurred in North Carolina.
 b. The plaintiff is a minor or incompetent adult who is a victim of a human trafficking offense sex offense that occurred in North Carolina, and I am a competent adult who resides in North Carolina and I am filing this complaint on the victim's behalf.
3. The defendant has committed a human trafficking offense against the plaintiff in that: (Give the conviction date(s) and list each offense constituting a criminal offense under Article 10A of Chapter 14 of the General Statutes that is not a sex offense.)
4. The defendant has committed a sex offense against the plaintiff in that: (Give the conviction date(s) and list the offense(s) requiring the defendant to register as a sex offender under Article 27A of Chapter 14 of the General Statutes.)
5. The plaintiff did not seek a permanent no-contact order under G.S. 15A-1340.50.
6. To order the defendant not to contact the plaintiff by telephone, written communication, or electronic means. (Explain in detail why the plaintiff fears future contact with the defendant.)
7. The plaintiff states that disclosure of the plaintiff's address would place the plaintiff a member of the plaintiff's family or household at risk for further unlawful conduct, and as a result, the plaintiff has designated the alternative address above to receive notice of any motions or pleadings from the opposing party.

(Over)

The Plaintiff Requests That The Court Grant A Permanent No-Contact Order Against Human Trafficker Or Sex Offender With The Following Relief:

(Check only boxes that apply.)

- 1. To order the defendant not to threaten, visit, assault, molest, or otherwise interfere with the plaintiff.
- 2. To order the defendant not to follow the plaintiff, including at the plaintiff's workplace.
- 3. To order the defendant not to harass the plaintiff.
- 4. To order the defendant not to abuse or injure the plaintiff.
- 5. To order the defendant not to contact the plaintiff by telephone, written communication, or electronic means.
- 6. To order the defendant to refrain from entering or remaining present at the plaintiff's residence, school, place of employment, or other places specified at times when the plaintiff is present.

(List other places where you want defendant ordered not to be.)

7. Other: *(specify)*

<i>Date</i>	<i>Signature Of Person Filing Complaint</i>
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VERIFICATION

I, the undersigned, being first duly sworn, say that I am the plaintiff in this action; that I have read the Complaint; that the matters and things alleged in the Complaint are true except as to those things alleged upon information and belief, and as to those, I believe them to be true and accurate.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature</i>	<i>Signature Of Person Signing Complaint</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> <input type="checkbox"/> <i>District Court Judge</i>	<input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Designated Magistrate</i>	<i>Name Of Person Filing Complaint (type or print)</i>
<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	
SEAL	<i>County Where Notarized</i>	