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| STATE OF NORTH CAROLINA  JOHNSTON COUNTY | | IN THE GENERAL COURT OF JUSTICE  SUPERIOR COURT DIVISION  FILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In thE MATTER OF:**    *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_* | | ORDER NOTICING HEARING ON PETITIONON DENIAL OF HANDGUNRECEIPT/PURCHASE PERMIT |
| 1. The above Petitioner filed a “Petition on Denial of Handgun Receipt/Purchase Permit” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_.  2. The above Petitioner filed a “Certificate of Service” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stating that Petitioner served the Senior Resident Superior Court Judge on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  3. The above Petitioner filed a “Certificate of Service” on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ stating that Petitioner served the Johnston County Sheriff on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **IT IS THEREFORE ORDERED THAT a hearing on the PETITIONER’S DENIAL OF HANDGUN RECEIPT/PURCHASE PERMIT be set as follows:**  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Senior Resident Superior Court Judge/Designee:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CERTIFICATE OF SERVICE** | | |
| I certify that a filed copy of this Order Noticing Hearing was served on the Johnston County Sheriff as follows:  Personal Delivery    By Regular Mail, US Postage Prepaid, addressed as follows: | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CSC  Asst. CSC  Dep. CSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **CERTIFICATE OF SERVICE** | | |
| I certify that a filed copy of this Order Noticing Hearing was served on **Petitioner** as follows:    Personal Delivery  By Regular Mail, US Postage Prepaid, addressed as follows: | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CSC  Asst. CSC  Dep. CSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |