STATE OF NORTH CAROLINA		File No.	
County			al Court Of Justice ourt Division
Name Of Plaintiff			
Address		IVIL SUMM	
City, State, Zip	— DOIVESTIC VIOLENCE		
VERSUS	LIAS	and Pluries Sui	<b>MIVIONS</b> G.S. 1A-1, Rules 3, 4
Name Of Defendant	Date Original Summons Issued		
	Date(s) Subsequent Summons(	es) Issued	
To The Defendant Named Below:			
lame And Address Of Defendant			
<ol> <li>You are notified to appear and answer the complaint of the</li> <li>Serve a copy of your written answer to the complaint u after you have been served. You may serve your answer plaintiff's last known address; and</li> <li>File the original of the written answer with the Clerk of If you fail to answer the complaint, the plaintiff will apply to the land Address Of Plaintiff's Attorney (If None, Address Of Plaintiff)</li> </ol>	pon the plaintiff or plaintier by delivering a copy to Superior Court of the co the Court for the relief	o the plaintiff or by unty named above	mailing it to the
	Signature		
	Deputy CSC	Assistant CSC	Clerk Of Superior Court
☐ ENDORSEMENT	Date Of Endorsement	Time	
This Summons was originally issued on the date indicated above and returned not served. At the	Signature		L A M L PM
request of the plaintiff, the time within which	Donutty CSC	Assistant CSC	Clark Of Superior Court
this Summons must be served is extended sixty (60) days.	Deputy CSC	Assistant CSC	Clerk Of Superior Court

	RETURN O	F SERVICE		
I certify that this Summons and a copy of the complaint were received and served as follows:				
DEFENDANT				
Date Served	Time Served	Name Of Defendant		
☐ 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				
☐ 0 ther manner of service (specify)				
☐ Defendant WAS NOT served for the following reason:				
Service Fee Paid		Signature Of Deputy Sheriff Making Return		
\$				
Date Received		Name Of Sheriff (Type Or Print)		
Date Of Return		County Of Sheriff		
		l		