STATE OF	NORTH CARO	LINA		File	No.				
		In The General Court Of Justice ☐ District ☐ Superior Court Division							
	STATE VERSUS								
Name Of Defendant				DEOL	IEST EOD DE	DODT OF			
Drivers License No. State Rac		Race Sex		REQUEST FOR REPORT OF CONDITIONAL DISCHARGE					
Dilvers License No.	State	Nace Sex		CONL	DITIONAL DIS	CHARGE			
Date Of Birth	Full Social Security No.	Age At Time Of Offense					G.S. 15A-151		
Attorney For State		Def. Found Def. Waived Not Indigent Attorney	Attorney For Defe	ndant		Appointed Retained	Crt Rptr Initials		
		FINDINGS ANI	D REQUEST	r					
following mus 2. In the absen eligible for sure (Check either) 3. The defendate of the defendate of the defendate of the defendate of the discharge up to the discharge up to the discharge of	at be checked) G.S. 90 Ince of a prior conditional d uch conditional discharge No. 3 or 4.) Ince of the disposition of the one of the disposition of the one of the disposition of the one	an offense that may qualif 0-96.	G.S. 14 probation that d. ase charged. est of an exped by their sign ment on probate. Date on (date)	editious relatures be ation that Signatu	G.S. 14-204 squalify the defendence solution in the explored squalify the defendence would disqualify the defendence would dis	G.S. 18 dant, he/she went of a possurt determine him/her for color At a control of the Cle	ible verdict of in advance onditional efendant ty For Defendant rk of Superior		
	Returning Document _		(NCA	OC will fax	back to this No. This I	No. must be a fax	in CSC's office.)		
Phone No. Of Clerk To Receive Fax:				(NCAOC will call to notify clerk they are faxing document back to CSC.)					
Date Name Of Presiding Judge (type or prin		(type or print)	Signature Of Presiding Judge						
Mail To: Courier NC Adr Attn: Ro P.O. Bo	T: Send the above Request by r Box 56-10-50 ministrative Office of the Coulecords Officer ox 2448 n, NC 27602		ourt Services Di action Team		Phone To: NC	<i>quests.</i> AOC Court Ser 9) 890-1352	vices Division		
		NCAOC US	SE ONLY						
information above a	s relayed by the requester; (i	n below for all requests. For al ii) record a dash () in any io dge, attach the transcribed cop	dentifying field a	above for v					
Date Request Received	Time Received	Received By. PM Mail Fax	Phone	Received I	By (type or print)				
REQUESTS:	ster Name (type or print)	CSC Asst CSC Dep C Judge TCA/TCC/JSS		l Phone No.	Requesting Judge N		t) DCJ		
Report Run Date Re					Response Delivered By				
DEPORT BY ADMINISTRATIVE OF				E TUE		at CSC Fax No.			
T. A. B. 111		RT BY ADMINISTRATIV			COURIS				
I have searched the there is no rec	he confidential file contain ord under the name of the	amed County And Court: ing the names of all person defendant of any condition defendant identified above	ns granted cor nal discharge	nditional o under an	y statute of North		nd certify that		
Date		Name Of Records Officer (type or print) Sean G. Bunn			Signature Of Records Officer				

NOTE TO CLERK: Upon receipt of this report from the NCAOC, keep it under seal until it is provided to the judge upon disposition of the charge(s) in the above-captioned case. Upon disposition of the charge(s) and expiration of the deadline for appeal, destroy this request and any documentation provided by the NCAOC in response to the Court's request.

AOC-CR-237, Rev. 12/14