

File No.		Law Enforcement Case No.		LID No.														
CRIMINAL SUMMONS MISDEMEANOR WORTHLESS CHECK		STATE OF NORTH CAROLINA		In The General Court Of Justice District Court Division														
<input type="checkbox"/> I. Simple <input type="checkbox"/> II. Fourth Or Subsequent Offense		_____ County																
THE STATE OF NORTH CAROLINA VS.		Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)																
Name And Address Of Defendant		<input type="checkbox"/> No <input type="checkbox"/> Yes: (explain)																
		To the Defendant: I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did draw, make, utter and deliver to _____ a check drawn upon (name of financial institution) _____ of (city and state of financial institution) _____, for the payment of \$ _____ in money. The check was made payable to _____ and was dated _____.																
Race	Sex	Date Of Birth	Age	The defendant knew at the time he/she: (check one)														
Name Of Defendant's Employer		<input type="checkbox"/> did not have sufficient funds on deposit or credit with the bank with which to pay the check on presentation in violation of G.S. 14-107(a)(1). <input type="checkbox"/> had previously presented the check or draft for the payment of money or its equivalent in violation of G.S. 14-107(a)(2).																
Offense Code(s) I. 2666 II. 2656		Offense In Violation Of G.S. 14-107																
Date Of Offense		*NOTE: If check is dated before Oct. 1, 2019, processing fee may not exceed \$25. If check is dated on or after Oct. 1, 2019, fee may not exceed \$35.																
Amount Of Check \$		<input type="checkbox"/> FOURTH OR SUBSEQUENT OFFENSE. [G.S. 14-107(d)(1)] The defendant was convicted three times previously of the crime of writing a worthless check as follows:																
Complainant Name (and address, if Complainant is an officer)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date</th> <th style="width:35%;">Court</th> <th style="width:50%;">County</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> District <input type="checkbox"/> Superior</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> District <input type="checkbox"/> Superior</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> District <input type="checkbox"/> Superior</td> <td></td> </tr> </tbody> </table>				Date	Court	County		<input type="checkbox"/> District <input type="checkbox"/> Superior			<input type="checkbox"/> District <input type="checkbox"/> Superior			<input type="checkbox"/> District <input type="checkbox"/> Superior		
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		This act was in violation of the law referred to in this Criminal Summons. This Summons is issued upon information furnished under oath by the complainant listed. You are ORDERED to appear before the Court at the location, date and time indicated below to answer to the charge. If you fail to appear, an order for your arrest may be issued and you may be held in CONTEMPT OF COURT. Arrest and/or contempt for failure to appear is in addition to any sentence which may be imposed for the crime charged.																
		<input type="checkbox"/> The undersigned finds the following cause to set a court date more than one month from the issue of this summons: _____																
Witness Information																		
Date Issued	Name Of Issuing Official	Signature	<input type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> District Court Judge <input type="checkbox"/> Superior Court Judge															
Location Of Court		Court Date	Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM															

NOTE: Do not use this form if the amount of the check is more than \$2,000.00.
(Over)

STATE VERSUS	_____ County	File No.
<i>Name Of Defendant</i>	If the Criminal Summons is not served within ninety (90) days or by the date the defendant is directed to appear, whichever is earlier, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon.	
<i>Date Of Issuance Of Criminal Summons Misdemeanor Worthless Check</i>		

RETURN OF SERVICE

I certify that the Criminal Summons issued in this case on the date noted above for the defendant named above, was received and served as follows:

<i>Date Received</i>	<i>Date Served</i>	<i>Time Served</i>	<input type="checkbox"/> AM	<i>Date Returned</i>
			<input type="checkbox"/> PM	

By personally serving the Criminal Summons on the defendant.

The Criminal Summons WAS NOT served for the following reason:

<i>Signature Of Officer Making Return</i>	<i>Name Of Officer (type or print)</i>
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Department Or Agency Of Officer

REDELIVERY/REISSUANCE

<i>Date</i>	<i>Name Of Clerk (type or print)</i>	<i>Signature Of Clerk</i>	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
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The above clerk finds the following cause to set a court date more than one month from reissue:

RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that the Criminal Summons issued in this case on the date noted above for the defendant named above, was received and served as follows:

<i>Date Received</i>	<i>Date Served</i>	<i>Time Served</i>	<input type="checkbox"/> AM	<i>Date Returned</i>
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INSTRUCTIONS TO DEFENDANT

(only the checked block applies)

(Check this option if this is a fourth or subsequent offense.)

1. You must appear before a judge in District Court at the time and place specified on the front side. You may not plead guilty and pay the fine and costs before Court because of the nature of the offense.

(Check this option if this is not a fourth or subsequent offense.)

2. You do not have to appear in Court at the time and place specified if you waive your trial, plead Guilty and pay the amounts shown below for fine, court costs and restitution. You may do so by mail or in person so long as your payment is received by 5:00 p.m. on the last working day prior to your scheduled court date. **Date and sign this form in the space provided below and return this form and your payment as follows:**

(NOTE TO DEFENDANT: Waiver under this section is not available if Option 1 is checked above.)

Payment By Mail - Place your payment and this form in an envelope, affix a stamp and mail to: Clerk of Superior Court, _____, County Courthouse, _____, North Carolina _____. Payment must be made by **certified check, cashier's check or money order** payable to the Clerk of Superior Court.

Do not mail cash.

PERSONAL CHECKS WILL NOT BE ACCEPTED.

Payment In Person - Deliver your payment and this form to the office of the Clerk of Superior Court at the above address during regular business hours or to any magistrate of the above county. Payment must be made by **cash, certified check, cashier's check or money order** payable to the Clerk of Superior Court. You may also pay by credit card, in person, in the clerk's office.

PERSONAL CHECKS WILL NOT BE ACCEPTED.

If you wish to contest the charge or the amount of your fine or restitution obligation, you must appear in person at the time and place specified on the front side for a trial before a judge in District Court or before a magistrate of this county. If your trial is before a magistrate and you then wish to contest the magistrate's decision, you may appeal for a trial before a judge in District Court. The time and place for the trial of your appeal will be set by the magistrate.

WARNING: If you decide to plead Guilty, you should mail or deliver your payment **promptly** to minimize your court costs. If you delay entering your plea and making the specified payment, you may be liable for the costs of serving subpoenas on witnesses plus witness fees.

WAIVER OF TRIAL - PLEA OF GUILTY - CONSENT TO ENTRY OF JUDGMENT

I acknowledge that I have been charged by the complainant indicated on the front side with a violation of G.S. 14-107 (worthless check).

I understand that I am presumed by law to be Not Guilty until proven Guilty beyond a reasonable doubt. Nevertheless, I do hereby waive my constitutional rights to a trial in open court, to confront the witnesses against me, and to representation by an attorney.

I hereby plead Guilty to this offense and tender to the Court the sums listed below as payment of the fine, costs and restitution in this case.

Amount Of Fine	Court Costs	Restitution	Total Amount Due
\$	\$	\$	\$

Name(s) And Address(es) Of Person(s) To Receive Restitution

I request that the Court accept my waiver of trial, plea of Guilty and tender of fine, costs and restitution, and that a verdict of Guilty be entered. This request is made with the full understanding that a verdict of Guilty will be entered against my record, and it will have the same legal effect for all purposes as a verdict of Guilty after a trial.

Date	Signature Of Defendant
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