

STATE OF NORTH CAROLINA

Court File No.

IV-D Case No.

_____ County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff

Plaintiff's Social Security No.

VERSUS

Name And Address Of Defendant

Defendant's Social Security No.

**MOTION
AND NOTICE OF HEARING
TO RESCIND
AFFIDAVIT OF PARENTAGE**

G.S. 110-132

MOTION

I hereby request the Court rescind the Affidavit Of Parentage that I signed.

1. A copy of the Affidavit Of Parentage is attached to this Motion.
2. This motion was filed within sixty (60) days of the date that I signed the Affidavit Of Parentage.
3. To the best of my knowledge, a court order regarding the paternity of or child support for the child(ren) named in the attached Affidavit Of Parentage has not been entered.

Therefore, the undersigned requests that the District Court order the rescission and include a specific finding that the motion to rescind was filed with the Clerk of Superior Court within sixty (60) days of signing the attached Affidavit Of Parentage.

Name And Address Of Party Making Motion (Type Or Print)

Date

Signature Of Party Making Motion

Plaintiff

Defendant

Attorney

NOTICE OF HEARING

NOTICE TO: (Name of party(ies) to be served) _____

You are notified to appear at the date, time and location shown below to answer the above Motion And Notice Of Hearing To Rescind Affidavit Of Parentage.

Date of Hearing

Time Of Hearing

AM PM

Location of Hearing

Date Of Notice

Signature

Deputy CSC

Assistant CSC

Clerk of Superior Court

INSTRUCTIONS TO THE MOVING PARTY:

A copy of the **Affidavit Of Parentage** that you signed must be attached to this Motion.

This Motion must be filed within sixty (60) days from the date you signed the *Affidavit Of Parentage* or before a court order for paternity or child support is entered with respect to the child(ren) named in the *Affidavit Of Parentage*.

After you have completed this form, file it with the Clerk of Superior Court and ask the Clerk to schedule a hearing. Then serve the other party who signed the *Affidavit Of Parentage* (and the state or local child support enforcement agency if the agency is involved with the paternity or support of the child(ren) named in the *Affidavit Of Parentage*) through the Sheriff's office or by certified mail. If you are serving the Motion by certified mail, prepare and file proper affidavit of service.

You will need to come to court for a hearing on the date and time specified above.

RETURN OF SERVICE

I certify that this Motion and Notice was received and served as follows:

PARTY

Date Served	Time Served <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Party
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- By delivering to the party named above a copy of this Motion and Notice.
- By leaving a copy of this Motion and Notice at the dwelling house or usual place of abode of the party named above with a person of suitable age and discretion then residing therein.

Name And Address Of Person With Whom Copies Left

Other manner of service: *(specify)*

The party WAS NOT served for the following reason:

IV-D AGENCY

Date Served	Time Served <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of IV-D Agency
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(County IV-D Agency) By personally delivering a copy of this Motion and Notice to the county manager, a county commissioner or the clerk to the board of county commissioners named below.

Name, Title And Address Of Person Served

(State IV-D Agency) By personally delivering a copy of this Motion and Notice to the designated process agent for the Department of Health and Human Services named below.

Name, Title And Address Of Person Served

Service Fee Paid \$	Signature Of Deputy Sheriff Making Return
Date Received	Name Of Sheriff (Type Or Print)
Date Of Return	County Of Sheriff