

*This packet should be printed double-sided.

Divorce Packet

USE THIS PACKET ONLY IF:

- You or your spouse have lived in North Carolina for at least the last 6 months
- You have been separated from your spouse for at least 12 months
- You are not interested in receiving alimony or spousal support
- You are not interested in having your property divided between you and your spouse

Provided by:
Legal Aid of North Carolina, Inc.

This packet is designed for use with a video that provides step-by-step instructions on how to file for divorce in North Carolina without a lawyer. The video is presented on a regular basis at Legal Aid of North Carolina offices and at certain other locations. Following the video, an attorney is available through the webinar to answer general questions. To attend a presentation, contact your nearest Legal Aid of North Carolina office.

Instructions/“Cheat Sheets”

STEP 1 – WHAT YOU FILE

(Courthouse clerk-filing fee in June 2015: \$225.00 plus additional \$10.00 if resuming maiden name or pre-marriage surname. NOTE: Filing fees are subject to change.)

1. Complaint (3 Copies)
2. Court Action Cover Sheet (1 copy)
3. Civil Summons (1 white and 2 yellow)
White summons must end up in court file.
4. Servicemembers Civil Relief Act Affidavit (1 copy)

(Optional)

- Petition to Sue as an Indigent (AOC-G-106) 1 copy
- Affidavit of Indigency (AOC-CV-226) 1 copy

STEP 2 – SERVING THE DEFENDANT (must be served by 1 of the following methods)

DEFENDANT MUST GET THE FOLLOWING: 1 Complaint, 1 Summons

THERE MUST BE PROOF IN COURT FILE THAT DEFENDANT WAS SERVED.

1. Sheriff – deputy who serves will place white summons in court file (\$30.00 fee)
2. Certified Mail – You fill out the affidavit of service by mail (in front of a notary)
-must be placed in court file along with white summons
3. Accept Service – Defendant fills out acceptance of service (in front of a notary)
-must be placed in court file along with white summons
4. Publication by Newspaper

STEP 3 – GETTING THE ORDER SIGNED – 2 OPTIONS

Option 1 – CLERK GRANTING THE DIVORCE

Must wait at least 30 days from the date DEFENDANT was served.

1. On day 31 or after, go to the clerk's office and leave the Judgment for Absolute Divorce Before the Clerk (AOC-CV-710) (3 copies) and Certificate of Absolute Divorce or Annulment (AOC-CV-711) (3 copies).
2. Go to nccourts.org/ Click on Forms, put in form number, and fill out online.
3. Clerk will review the court file and sign the Order.

Option 2 – JUDGE GRANTING THE DIVORCE

Hearing must be at least 30 days from date DEFENDANT was served.

Our presentation explains the process of getting the Order signed by the clerk of court. In some instances, you may need to have your order signed by a judge. You should check with your local clerk of court to find out the process in your county.

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
File No.

)	
Plaintiff,)	
)	
vs.)	COMPLAINT FOR ABSOLUTE DIVORCE
)	
)	
Defendant.)	

The Plaintiff, complaining of the Defendant, alleges:

1. The Plaintiff is a citizen and resident of _____ County, North Carolina.
2. The Defendant is a citizen and resident of _____ County, North Carolina.
3. *(check one or both)* The Plaintiff () and/or the Defendant () has been a citizen and resident of North Carolina for at least six (6) months immediately preceding the institution of this action.
4. The Plaintiff and Defendant were married on or about _____ (*date of marriage*) and thereafter they lived together as husband and wife until on or about _____ (*date of separation*) at which time they separated.
5. Since the date of separation stated above, the Plaintiff and Defendant have lived continuously separate and apart from each other, and at no time have they resumed the marital relation that formerly existed between them.
6. At the time of the separation, the Plaintiff intended the separation to be permanent.
7. There were: *(check one)* () No children born of the marriage.

() ____ (*number*) minor child(ren) born to the
marriage of the parties, namely:

Full Name of Child	Date of Birth	Full Name of Child	Date of Birth
Full Name of Child	Date of Birth	Full Name of Child	Date of Birth

8. The minor child(ren) reside with _____ (*name of party*)
at _____ (*address*).

9. The Plaintiff, whether husband or wife, acknowledges that he/she is not demanding of Defendant alimony or equitable distribution and he/she acknowledges that unless such claims are asserted by him/her before Judgment is entered on this Complaint, he/she is forever waiving and discharging any claim against Defendant for alimony and/or equitable distribution by obtaining an absolute divorce.

10. () (*check if applicable*) The Plaintiff desires to resume the use of his/her former name, _____ (*print name*).

WHEREFORE, the Plaintiff prays the court for relief as follows:

1. That the bonds of matrimony which have existed between the parties be dissolved and that he/she be granted an absolute divorce from the Defendant.

2. () (*check if applicable*) The Plaintiff desires to resume the use of his/her former name, _____ (*print name*).

This the _____ day of _____, 20_____.

(Plaintiff's full name - SIGNATURE)

(Address of Plaintiff)

(City, State, Zip Code of Plaintiff)

VERIFICATION

(Must be signed before a Notary Public)

I, _____ (*print Plaintiff's name*),
being first duly sworn, depose and say that I am the Plaintiff herein, that I have read the forgoing
Complaint for Absolute Divorce and know the statements therein to be true of my own
personal knowledge, except as to those matters alleged upon information and belief, and as to
those matters, I believe them to be true.

This the _____ day of _____ 20____

Plaintiff's full name – SIGNATURE

Sworn to and Subscribed before me this the _____ day of _____.

Notary Public
My Commission expires: _____

_____ County

In The General Court Of Justice
District Court Division

Name And Address Of Plaintiff 1

Name And Address Of Plaintiff 2

**DOMESTIC
CIVIL ACTION COVER SHEET**

INITIAL FILING SUBSEQUENT FILING

Rule 5(b), Rules of Practice For Superior and District Courts

VERSUS

Jury Demanded In Pleading? No Yes

Name Of Defendant 1

Name And Address Of Attorney Or Party, If Not Represented (complete for initial appearance or change of address)

Summons Submitted Yes No

Telephone No. Cellular Telephone No.

Name Of Defendant 2

NC Attorney Bar No. Attorney E-Mail Address

Initial Appearance in Case Change of Address

Summons Submitted Yes No

Name Of Firm

Counsel for
 All Plaintiffs All Defendants Only (List party(ies) represented)

FAX No.

TYPE OF PLEADING

CLAIMS FOR RELIEF

(check all that apply)

- Amended Answer/Reply (AMND-Response)
- Amended Complaint (AMND)
- Answer/Reply (ANSW-Response)
- Complaint (COMP)
- Confession Of Judgment (CNFJ)
- Contempt (CNTP)
- Continue (CNTN)
- Compel (CMPL)
- Counterclaim vs. (CTCL) Assess Counterclaim Costs
- Extend Time For An Answer (MEOT-Response)
- Modification Of Alimony (MALI)
- Modification Of Custody (MCUS)
- Modification Of Support in non-IV-D cases (MSUP)
- Modification Of Visitation (MVIS)
- Rule 12 Motion In Lieu Of Answer (MDLA)
- Sanctions (SANC)
- Show Cause (SHOW)
- Transfer (TRFR)
- Vacate/Modify Judgment or Order (VCMD)
- Other (OTHR):

(check all that apply)

- Alimony (ALIM)
- Annulment (ANUL)
- Child Support (CSUP)
- Custody (CUST)
- Divorce (DIVR)
- Divorce From Bed And Board (DIVB)
- Domestic Violence (DOME)
- Equitable Distribution (EQUD)
- Medical Coverage (MEDC)
- Paternity (PATR)
- Possession Of Personal Property (POPP)
- Post Separation Support (PSSU)
- Reimbursement For Public Assistance (RPPA)
- Visitation (VIST)
- Other: (specify and list separately)

Date

Signature Of Attorney/Party

NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings in civil actions, the filing party must include a Domestic (AOC-CV-750), Motions (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
[] District [] Superior Court Division

Name Of Plaintiff
Address
City, State, Zip
VERSUS

CIVIL SUMMONS
[] ALIAS AND PLURIES SUMMONS (ASSESS FEE)

G.S. 1A-1, Rules 3 and 4

Name Of Defendant(s)

Date Original Summons Issued
Date(s) Subsequent Summons(es) Issued

To Each Of The Defendant(s) Named Below:

Name And Address Of Defendant 1

Name And Address Of Defendant 2



IMPORTANT! You have been sued! These papers are legal documents, DO NOT throw these papers out! You have to respond within 30 days. You may want to talk with a lawyer about your case as soon as possible, and, if needed, speak with someone who reads English and can translate these papers!
¡IMPORTANTE! ¡Se ha entablado un proceso civil en su contra! Estos papeles son documentos legales. ¡NO TIRE estos papeles!
Tiene que contestar a más tardar en 30 días. ¡Puede querer consultar con un abogado lo antes posible acerca de su caso y, de ser necesario, hablar con alguien que lea inglés y que pueda traducir estos documentos!

A Civil Action Has Been Commenced Against You!

You are notified to appear and answer the complaint of the plaintiff as follows:

- 1. Serve a copy of your written answer to the complaint upon the plaintiff or plaintiff's attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to the plaintiff or by mailing it to the plaintiff's last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the complaint, the plaintiff will apply to the Court for the relief demanded in the complaint.

Name And Address Of Plaintiff's Attorney (if none, Address Of Plaintiff)

Date Issued Time [] AM [] PM
Signature
[] Deputy CSC [] Assistant CSC [] Clerk Of Superior Court

[] ENDORSEMENT (ASSESS FEE)
This Summons was originally issued on the date indicated above and returned not served. At the request of the plaintiff, the time within which this Summons must be served is extended sixty (60) days.

Date Of Endorsement Time [] AM [] PM
Signature
[] Deputy CSC [] Assistant CSC [] Clerk Of Superior Court

NOTE TO PARTIES: Many counties have MANDATORY ARBITRATION programs in which most cases where the amount in controversy is \$25,000 or less are heard by an arbitrator before a trial. The parties will be notified if this case is assigned for mandatory arbitration, and, if so, what procedure is to be followed.

(Over)

RETURN OF SERVICE

I certify that this Summons and a copy of the complaint were received and served as follows:

DEFENDANT 1

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Defendant</i>
--------------------	---	--------------------------

- 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.
- As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- Other manner of service (*specify*)

- Defendant WAS NOT served for the following reason:

DEFENDANT 2

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Defendant</i>
--------------------	---	--------------------------

- 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.
- As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

- Other manner of service (*specify*)

- Defendant WAS NOT served for the following reason:

<i>Service Fee Paid</i> \$	<i>Signature Of Deputy Sheriff Making Return</i>
<i>Date Received</i>	<i>Name Of Sheriff (type or print)</i>
<i>Date Of Return</i>	<i>County Of Sheriff</i>

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

Name Of Plaintiff
VERSUS
Name Of Defendant

PETITION TO PROCEED AS AN INDIGENT

G.S. 1-110; 7A-228

AFFIDAVIT

(check one of the four boxes below)

- Petition To Assert Claims - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of the claims I have asserted.
Petition To File Motions - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs to file a notice of hearing on a motion.
Petition To Appeal - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court.
Petition To File Expunction Petition - As the petitioner in the above entitled action, I affirm that I am financially unable to advance the required costs to file an expunction petition.

(check one or more of the boxes below as applicable)

- I am presently a recipient of Supplemental Nutrition Assistance Program (SNAP/food stamps). Temporary Assistance for Needy Families (TANF). Supplemental Security Income (SSI).
I am represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or I am represented by private counsel working on behalf of such a legal services organization.
Although I am not a recipient of SNAP/food stamps, TANF, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Date Signature Signature Of Petitioner

Title Of Person Authorized To Administer Oaths Name And Address Of Petitioner (type or print)

SEAL Date Commission Expires

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION

I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal services organization.

Date Signature

Name And Address (type or print)

ORDER

Based on the Affidavit appearing above, it is ORDERED that:

- the petitioner is authorized to assert claims, to appeal, or file notices of hearing or petitions in this action as an indigent.
the petition is denied.

Date Signature Assistant CSC Clerk Of Superior Court Judge Magistrate (for appeal only)

NOTE TO CLERK: If the petitioner is NOT a recipient of SNAP/food stamps, TANF, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.

ORDER - DACJJ INMATES

The undersigned superior court judge of this district finds that the petitioner is an inmate in the custody of the Division of Adult Correction and Juvenile Justice and that the complaint

- is not frivolous.
- is frivolous.

It is ORDERED that

- the petitioner is authorized to sue in this action as an indigent.
- the petitioner is not authorized to sue as an indigent.
- the action is dismissed.

Date	Name Of Superior Court Judge (type or print)	Signature Of Superior Court Judge
------	--	-----------------------------------

CERTIFICATION

I certify that this Petition has been served on the party named by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service.

Date	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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NOTE: G.S. 1-110(b) provides: "The clerk of superior court shall serve a copy of the order of dismissal upon the prison inmate."

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

Name of Plaintiff

VERSUS

Name of Defendant

AFFIDAVIT
Servicemembers Civil Relief Act
50 U.S.C. App. §§501-597b

AFFIDAVIT

I, _____, being duly sworn, deposes and says:
(print your name)

1. The Plaintiff Defendant _____, is in military service. is not in military service.
(print name of non-moving party)

The following facts support the statement above about the non-moving party's military service: *(State how you know the non-moving party is or is not in the military. Be specific.)*

2. The affiant is unable to determine whether or not the non-moving party is in military service.

Signature Of Affiant

Name of Affiant

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Signature Of Person Authorized To Administer Oaths

Deputy CSC Assistant CSC Clerk Of Superior Court Notary

Date Commission Expires

County Where Notarized

SEAL

FOR COURT USE ONLY:

ORDER OF APPOINTMENT OF COUNSEL

The Court finds that appointment of counsel is required pursuant to 50 U.S.C. App. § 521 or 522 and therefore, the Court appoints counsel named below to represent the absent servicemember named above:

Name of Attorney

Name, Street Address, PO Box, City, State And Zip Code Of Attorney

Telephone No.

STAY OF PROCEEDINGS

The Court finds that a stay of proceedings is required pursuant to 50 U.S.C. App. § 521 and, therefore, such a stay, for a minimum period of 90 days, is ordered.

Date

Signature of Judge

Next Hearing Date and Time

Name of Judge (Type or Print)

Information About Servicemembers Civil Relief Act Affidavits

1. Plaintiff to file affidavit

In any civil action or proceeding, including any child custody proceeding, in which the defendant does not make an appearance, the court, before entering judgment for the plaintiff, shall require the plaintiff to file with the court an affidavit—

- (A) stating whether or not the defendant is in military service and showing necessary facts to support the affidavit; or
- (B) if the plaintiff is unable to determine whether or not the defendant is in military service, stating that the plaintiff is unable to determine whether or not the defendant is in military service.

50 U.S.C. 3931(b)(1).

2. Appointment of attorney to represent defendant in military service

If in a civil action or proceeding in which the defendant does not make an appearance it appears that the defendant is in military service, the court may not enter a judgment until after the court appoints an attorney to represent the defendant. If an attorney appointed to represent a service member cannot locate the service member, actions by the attorney in the case shall not waive any defense of the service member or otherwise bind the service member. 50 U.S.C. 3931(b)(2).

State funds are not available to pay attorneys appointed pursuant to the Servicemembers Civil Relief Act. To comply with the federal Violence Against Women Act and in consideration of G.S. 50B-2(a), 50C-2(b), and 50D-2(b), plaintiffs in Chapter 50B, Chapter 50C, and Chapter 50D proceedings should not be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. Plaintiffs in other types of actions and proceedings may be required to pay the costs of attorneys appointed pursuant to the Servicemembers Civil Relief Act. The allowance or disallowance of the ordering of costs will require a case-specific analysis.

3. Defendant's military status not ascertained by affidavit

If based upon the affidavits filed in such an action, the court is unable to determine whether the defendant is in military service, the court, before entering judgment, may require the plaintiff to file a bond in an amount approved by the court. If the defendant is later found to be in military service, the bond shall be available to indemnify the defendant against any loss or damage the defendant may suffer by reason of any judgment for the plaintiff against the defendant, should the judgment be set aside in whole or in part. The bond shall remain in effect until expiration of the time for appeal and setting aside of a judgment under applicable Federal or State law or regulation or under any applicable ordinance of a political subdivision of a State. The court may issue such orders or enter such judgments as the court determines necessary to protect the rights of the defendant under this Act. 50 U.S.C. 3931(b)(3).

4. Satisfaction of requirement for affidavit

The requirement for an affidavit above may be satisfied by a statement, declaration, verification, or certificate, in writing, subscribed and certified or declared to be true under penalty of perjury. 50 U.S.C. 3931(b)(4). The presiding judicial official will determine whether the submitted affidavit is sufficient.

5. Penalty for making or using false affidavit

A person who makes or uses an affidavit permitted under 50 U.S.C. 3931(b) (or a statement, declaration, verification, or certificate as authorized under 50 U.S.C. 3931(b)(4)) knowing it to be false, shall be fined as provided in title 18, United States Code, or imprisoned for not more than one year, or both. 50 U.S.C. 3931(c).

(TYPE OR PRINT IN BLACK INK)
STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
 District Superior Court Division

Name Of Applicant _____

Street Number And Street Name, Including Apartment Or Unit Number If Applicable _____

City, State And Zip Code _____

Full Permanent Mailing Address Of Applicant (If Different Than Above) _____

Telephone Number Of Applicant _____ Date Of Birth _____

Plaintiff Defendant

Full Social Security No. _____ Has No Social Security No.

CIVIL AFFIDAVIT OF INDIGENCY

G.S. 7A-450 et seq.

MONTHLY INCOME (money you make)		MONTHLY EXPENSES (money you pay out)	
Employment - Applicant	\$	Number Of Dependents	_____
Name And Address Of Applicant's Employer (If not employed, state reason; if self-employed, state trade)		Shelter <input type="checkbox"/> Buying <input type="checkbox"/> Renting	\$
Other Income (Welfare, Food Stamps, S/S, Pensions, etc.)	\$	Food (including Food Stamps)	\$
Employment - Spouse	\$	Utilities (power, water, heating, phone, cable, etc.)	\$
Name And Address Of Spouse's Employer		Health Care	\$
		Installment Payments <input type="checkbox"/> Vehicle <input type="checkbox"/> Other	\$
		Car Expenses (gas, insurance, etc.)	\$
		Support Payments	\$
		Other: (specify)	\$
Total Monthly Income	\$	Total Monthly Expenses	\$

DESCRIPTION OF ASSETS AND LIABILITIES	ASSETS (things you own)	LIABILITIES (amounts you owe)
Cash On Hand And In Bank Accounts (List Name Of Bank & Account No.)	\$	
Money Owed To Or Held For Applicant	\$	
Motor Vehicles (List Make, Model, Year)	(Fair Market Value) \$	(Balance Due) \$
Real Estate	(Fair Market Value) \$	(Balance Due) \$
Personal Property	(Fair Market Value) \$	(Balance Due) \$
Other Debts		\$
Last Income Tax Filed 20 _____ <input type="checkbox"/> Refund <input type="checkbox"/> Owe	\$	\$
Other	\$	\$
Total Assets And Liabilities	\$	\$

Bond Type _____ Amount \$ _____ By Whom Posted _____

NOTE: Read the notice on the reverse side before completing this form.

NOTICE TO PERSONS REQUESTING INDIGENCY OR PARTIAL INDIGENCY DESIGNATION

1. When answering the questions on the Affidavit Of Indigency (*reverse side of this form*), please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Do not ask the interviewer for any advice or opinion concerning your case.
2. **A designation of indigency relieves your obligation to pay all of the arbitration fee. A designation of partial indigency requires you to pay your appropriate percentage of your pro rata share of the arbitration fee prior to arbitration. Failure to pay the arbitration fee will result in the entry of a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund and/or North Carolina Lottery winnings may be taken.**
3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for an indigency designation. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony.").

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to pay all or part of the arbitration fees prior to the arbitration. I now request that I be designated indigent or partially indigent. I authorize the Court to contact my creditors, employers, or family members, any government agencies or any other entities listed below concerning my eligibility for such designation.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for such designation upon request of the Court.

Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature</i>	<i>Signature Of Applicant</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> <input type="checkbox"/> <i>Magistrate</i>		<i>Name Of Applicant (Type Or Print)</i>
<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	<input type="checkbox"/> <i>Plaintiff</i> <input type="checkbox"/> <i>Defendant</i>
SEAL	<i>County Where Notarized</i>	

STATE OF NORTH CAROLINA

_____ County

File No. _____
In the General Court of Justice
District Court Division

_____,)
Plaintiff,)
))
VERSUS))
))
_____,))
Defendant.)

**AFFIDAVIT OF RETURN OF SERVICE
BY CERTIFIED MAIL**

Under penalty of perjury, I state the following:

1. I am the Plaintiff in the above-entitled action, and I mailed, via certified mail, return receipt requested, a true and accurate copy of the following:

_____ State which of the following forms you mailed: summons, complaint, financial affidavit, notice of hearing

to the Defendant at _____ ;

On _____, 20____; and
Date

2. I received said return receipt, signed by the Defendant and post-marked _____, 20____, and have attached such receipt hereto.
Date (Attach the green card received from the U.S. Postal Service on a separate page.)

Signed today _____, 20____.
Date

Plaintiff's signature

Print your name

Address

City, State, and Zip Code

Telephone

Sworn to (or affirmed) and ascribed before me, this date by _____

Date: _____

Official Signature of Notary

Notary's printed or typed name, Notary Public

(Official Seal)

My commission expires: _____

NORTH CAROLINA
COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
CVD _____

Plaintiff,

VS.

Defendant.

)
)
)
)
)
)
)

ACCEPTANCE OF SERVICE

I, _____, the Defendant herein, on this date do hereby willingly and voluntarily accept service of the Summons and Complaint in the above captioned action and hereby submits to the jurisdiction of the North Carolina General Court of Justice for all purposes.

This the _____ day of _____, 20_____.

Signature of Defendant

Sworn to and subscribed before me,
This the _____ day of _____ 20_____.

Notary Public
My Commission Expires: _____

SAMPLE - AOC-CV-710

STATE OF NORTH CAROLINA	File No. 16 CVD 5000
Guilford County	In The General Court Of Justice District Court Division

Name Of Plaintiff Barbara A. Brown	JUDGMENT FOR ABSOLUTE DIVORCE BEFORE THE CLERK
VERSUS	
Name Of Defendant James L. Brown	

G.S. 50-10(e)

NOTE TO CLERK: This form is drafted for granting absolute divorce when plaintiff's verified complaint alleges all of the required facts and the plaintiff proves service of the summons and complaint, and notice of hearing, if required. If plaintiff's complaint is not verified or if the complaint does not allege all of the facts necessary, the clerk should not enter a judgment.

FINDINGS

This case was heard by the undersigned Clerk of Superior Court upon the Plaintiff's complaint for an Absolute Divorce. From the verified complaint and other evidence presented, the Court finds the following facts:

1. The defendant was properly served with the Summons and Complaint in this action as provided by the Rules of Civil Procedure.
2. The defendant
 - a. failed to make an appearance.
 - b. admitted all of the plaintiff's allegations in the answer.
 - c. filed a written waiver of the right to answer.
3. The defendant is not an infant or incompetent.
4. a. The defendant was served with notice of this hearing as required by the Rules of Civil Procedure.
 b. The defendant was not served with notice of this hearing because defendant failed to make an appearance.
 defendant filed a written waiver of the right to receive notice of any hearings.
5. The plaintiff defendant is a resident of Guilford County, North Carolina and has been a resident of the State of North Carolina for more than six (6) months immediately preceding the commencement of this action.
6. The plaintiff and defendant were married on or about (give date) 05/05/2000.
7. On the date this complaint was filed, the parties had lived separate and apart for more than one year; that at the time of separation the plaintiff defendant had intent to remain continuously separate and apart from the defendant plaintiff; and the parties have lived continuously separate and apart since their separation without resuming the marital relationship.
8. The plaintiff has requested to use the plaintiff's former name of (give name) _____

CONCLUSIONS

Based upon the foregoing findings of fact, the Court concludes as a matter of law that it has jurisdiction over the subject matter and the parties and that the plaintiff is entitled to an Absolute Divorce based on one year's separation.

ORDER

Therefore, it is ordered that:

1. The bonds of matrimony which have existed between the parties are dissolved and the plaintiff is granted an Absolute Divorce from the defendant.
2. The plaintiff is allowed to resume the plaintiff's former name set forth above.

Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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Sample - HOC-CU-711

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
N.C. VITAL RECORDS

STATE OF NORTH CAROLINA
CERTIFICATE OF ABSOLUTE DIVORCE OR ANNULMENT

File Number: 16 CVD 5000

County: Gulford

PLAINTIFF

<input type="checkbox"/> Husband	FIRST	MIDDLE	LAST
1. <input checked="" type="checkbox"/> Wife	Barbara	Ann	Brown
RESIDENCE - STATE		COUNTY	
2a. North Carolina		2b. Gulford	

DEFENDANT

<input checked="" type="checkbox"/> Husband	FIRST	MIDDLE	LAST
3. <input type="checkbox"/> Wife	James	Lee	Brown
RESIDENCE - STATE		COUNTY	
4a. North Carolina		4b. Gulford	

MARRIAGE

DATE OF THIS MARRIAGE	PLACE OF THIS MARRIAGE
5. May 5, 2000	6. Greensboro, North Carolina
NUMBER OF MINOR CHILDREN	DATE OF SEPARATION
7. None	8. September 1, 2012

CERTIFICATION

I hereby certify that the above information as abstracted from court documents is true and correct. The divorce annulment was rendered in the above entitled matter on the _____ day of _____.

Date

Signature ► _____
 Clerk of Superior Court Assistant CSC Deputy CSC

DHHS 2089 (Revised 07/13)
N.C. Vital Records (Review 07/16)

After printing form, please cut on dashed line
to create a form with the dimensions of 8.5 inches by 7 inches.

Type or print in permanent black ink