| STATE OF NORTH CAROLINA | File No. | |
|--|--|---|
| County | | l Court Of Justice perior Court Division |
| Name Of Plaintiff | | |
| Address City, State, Zip | | |
| VERSUS | | G.S. 1A-1, Rules 3, 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 | |
| | | |
| | | |
| A Civil Action Has Been Commenced Against You! | | |
| You are notified to appear and answer the complaint of | he plaintiff as follows: | |
| Serve a copy of your written answer to the complaint you have been served. You may serve your answer last known address, and | | |
| 2. File the original of the written answer with the Clerk of | f 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 co | omplaint. |
| Name And Address Of Plaintiff's Attorney (If None, Address Of Plaintiff) | Date Issued Time | AM PM |

| 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 |
| | | | |
| | | | |
| | | | |

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 \$15,000 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.

| | RETURN | OF SERVICE | | |
|---|--|--------------------------------|---------------------------------------|--|
| I certify that this Summons and a copy of the complaint were received and served as follows: | | | | |
| DEFENDANT 1 | | | | |
| Date Served | Time Served | Name Of Defendant | | |
| By delivering to the defendant named above a copy of the summons and complaint. | | | | |
| above with a person of su | itable age and discretion ther | n residing therein. | place of abode of the defendant named | |
| 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: | | | | |
| | | | | |
| | | ENDANT 2 | | |
| Date Served | Time Served AM PM | Name Of Defendant | | |
| By delivering to the defend | dant named above a copy of | the summons and compla | aint. | |
| 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 tit | le of person copies left with) | | |
| Other manner of service (specify) | | | | |
| Defendant WAS NOT served for the following reason. | | | | |
| | | | | |
| Service Fee Paid \$ | | Signature Of Deputy Sheriff Ma | aking Return | |
| Date Received | | Name Of Sheriff (Type Or Print |) | |
| Date Of Return | | County Of Sheriff | | |
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