

# STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice

 District  Superior Court Division**STATE VERSUS**

Name Of Defendant

Drivers License No.

State

Race

Sex

Date Of Birth

Full Social Security No.

Age At Time Of Offense

**REQUEST FOR REPORT OF  
CONDITIONAL DISCHARGE**

G.S. 15A-151

Attorney For State

 Def. Found  
Not Indigent  Def. Waived  
Attorney

Attorney For Defendant

 Appointed  
 Retained

Crt Rptr Initials

**FINDINGS AND REQUEST**

The Court hereby finds that:

1. The defendant has been charged with an offense that may qualify the defendant for a conditional discharge under: (one of the following **must** be checked)  G.S. 90-96.  G.S. 90-113.14.  G.S. 14-50.29.  G.S. 14-204.  G.S. 15A-1341.
2. In the absence of a prior conditional discharge or placement on probation that would disqualify the defendant, he/she is otherwise eligible for such conditional discharge under the statute identified.  
(Check either No. 3 or 4.)
3. The defendant has pled guilty to or been found guilty of the offense charged.
4. In anticipation of the disposition of the charge(s), and in the interest of an expeditious resolution in the event of a possible verdict of guilt, the State and defendant jointly have requested, as indicated by their signatures below, that the Court determine in advance whether the defendant has a prior conditional discharge or placement on probation that would disqualify him/her for conditional discharge upon conviction of the present charge(s).

Date

Signature

 Dist Atty  
 Asst DA

Date

Signature

 Defendant  
 Atty For Defendant

5. It is therefore requested that the Administrative Office of the Courts complete the Report below and return it to the Clerk of Superior Court, Attn: Presiding Judge. This is:

 a. a **Regular Request**. b. an **Expedited Request** for defendant's court appearance on (date) \_\_\_\_\_.**Name/Title Of Requestor** \_\_\_\_\_ (person faxing document to NCAOC)**Fax No. For Returning Document** \_\_\_\_\_ (NCAOC will fax back to this No. This 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 print)

Signature Of Presiding Judge

**NOTE TO COURT:** Send the above Request by Mail or Fax for regular requests. Send by Fax or Phone for expedited requests.**Mail To:** Courier Box 56-10-50  
NC Administrative Office of the Courts  
Attn: Records Officer  
P.O. Box 2448  
Raleigh, NC 27602**Fax To:** NCAOC Court Services Division  
Attn: Expunction Team  
(919) 890-1938**Phone To:** NCAOC Court Services Division  
(919) 890-1352**NCAOC USE ONLY****NOTE TO CSD STAFF:** Record all information below for all requests. For all phone requests: (i) complete the second row below; (ii) transcribe all information above as relayed by the requester; (iii) record a dash ( --- ) in any identifying field above for which the requester provides no information; and (iv) upon delivery of the original signed by the judge, attach the transcribed copy to the original.

Date Request Received

Time Received

 AM  PM

Received By.

 Mail  Fax  Phone

Received By (type or print)

**PHONE  
REQUESTS:**

Requester Name (type or print)

 CSC  Asst CSC  Dep CSC  
 Judge  TCA/TCC/JSS

Requester Phone No.

Requesting Judge Name (type or print)

 DCJ  
 SCJ

Report Run Date

Report Run Time

 AM  PM

Report Run By (type or print)

Response Delivered By

 Mail  Fax at CSC Fax No. \_\_\_\_\_**REPORT BY ADMINISTRATIVE OFFICE OF THE COURTS****To Any Presiding Judge In The Above-Named County And Court:** (confidential)

I have searched the confidential file containing the names of all persons granted conditional discharges in North Carolina and certify that

- 
- there is no record under the name of the defendant of any conditional discharge under any statute of North Carolina.
- 
- 
- there is a record under the name of the defendant identified above and it is attached to this form.

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

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