STATE OF NORTH CAROLINA	File No.
County	In The General Court Of Justice District Court Division
Name Of Plaintiff/Victim	
Name Of Person Filing On Behalf Of Minor Or Incompetent Victim	
Address Of Plaintiff/Victim (Use Alternative Address If Afraid To Give Physical Address)	COMPLAINT FOR
	NO-CONTACT ORDER
	FOR STALKING OR NONCONSENSUAL SEXUAL
VERSUS	CONDUCT
Name And Address Of Defendant	CONDUCT
	G.S. 50C-2
are related as parent and child or grandparent and opposite sex who are in a dating relationship or ha	u or the person on whose behalf you are filing this complaint and the the opposite sex who live or have lived together; have a child in common, grandchild, are current or former household members, or are persons of the ve been in a dating relationship. In that situation use "Complaint And Motion /-303. Check only the boxes below that apply and fill in blanks. Additional
	unlawful conduct occurred in this county.
2. a. I am a victim of unlawful conduct that occurred in North	
b. D The plaintiff is a minor or incompetent adult who is a vic competent adult who resides in North Carolina and am	ctim of unlawful conduct that occurred in North Carolina, and I am a filing this complaint on the victim's behalf.
3. The defendant was 16 years of age or older at the time of the	unlawful conduct.
<ul> <li>4. The defendant has committed nonconsensual sexual conduct what happened.)</li> </ul>	against the plaintiff in that: (Give specific dates and describe in detail
with the intent to place the plaintiff in reasonable fear for the p close personal associates or with the intent to cause, and white	nerwise tormented, terrorized, or terrified the plaintiff named above laintiff's safety or the safety of the plaintiff's immediate family or ch did cause, the plaintiff to suffer substantial emotional distress by torment or terror in that: ( <i>Give specific dates and describe in detail what</i> used substantial emotional distress.)

Because Of These Acts Of Unlawful Conduct, The Plaintiff Requests That The Court Grant The Following Relief:		
(Check only boxes that apply.)		
1. A permanent no-contact order. (A permanent order cannot last longer than one year.)		
2. A temporary no-contact order. (A temporary order cannot last	longer than ten days.)	
3. The temporary order to be issued ex parte (without notice to the defendant) because the plaintiff will suffer immediate injury, loss, or damage before the defendant can be heard in that: <i>(explain)</i>		
<ul> <li>AND         <ul> <li>(If you checked Block 3 above, check a. or b. below.)</li> <li>a. I certify that I have made the following efforts, if any, to give notice to the defendant and give the following reasons supporting why notice should not be required: (<i>explain</i>)</li> <li>b. I certify that there is good cause to grant the remedy because the harm that the remedy is intended to prevent would likely occur if the defendant were given any prior notice of the request for relief in that: (<i>Give specific reasons why harm would occur if prior notice were given to defendant</i>.)</li> </ul> </li> </ul>		
<ul> <li>4. To order the defendant not to visit, assault, molest, or otherwise interfere with the plaintiff.</li> <li>5. To order the defendant to stop stalking the plaintiff.</li> <li>6. To order the defendant to cease harassment of the plaintiff</li> <li>7. To order the defendant not to abuse or injure the plaintiff.</li> <li>8. To order the defendant not to contact, by telephone, written communication, or electronic means, the plaintiff.</li> <li>9. To order the defendant to refrain from entering or remaining present at the plaintiff's residence, school, place of employment, or other places specified.</li> </ul>		
10. Other: (specify)		
Date	Signature Of Person Filing Complaint	
VERIEI	CATION	
I, the undersigned, being first duly sworn, say that I am the plaintiff in this action; that I have read the Complaint and Motion; that the matters and things alleged in the Complaint and Motion are true except as to those things alleged upon information and belief and as to those I believe them to be true and accurate.		
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	Date	
Date Signature	Signature Of Person Signing Complaint	
Deputy CSC Clerk Of Superior Court District Court Judge	Name Of Person Filing Complaint (Type Or Print)	
Assistant CSC Designated Magistrate		
Notary         Date My Commission Expires		
SEAL County Where Notarized		