

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

Name And Address Of Defendant

**APPLICATION AND
WRIT OF HABEAS CORPUS
AD PROSEQUENDUM**

G.S. 15-10.3

Race Sex Date Of Birth Offender ID (if any)

Name Of Agency In Whose Custody Defendant Confined Or Committed

N.C. DAC Sheriff of _____ County Division Of Juvenile Justice

CHARGES PENDING FOR TRIAL

File No. Offense(s)

APPLICATION

To Any Judge Of The Trial Division Named Above:

The defendant named above is confined or committed in the custody of the agency named above. The prosecutor requests that a Writ of Habeas Corpus Ad Prosequendum be issued to the agency, requiring that the defendant be delivered, on the court date and at the time and place shown below, to the court in which the charge(s) referred to above are pending.

Court Date Court Time AM PM Name Of Prosecutor (Type Or Print) Date Of Application
Location Of Court Signature Of Prosecutor District Attorney Assistant District Attorney

WRIT

To The Agency Named Above:

The defendant named above is confined or committed in your custody. Upon application of the prosecutor named above, you are ORDERED to deliver the defendant to the custody of the sheriff of this county so that the defendant may be brought before this Court on the court date and at the time and place referred to above.

To: The Sheriff Of This County Other _____

You are ORDERED to serve this writ upon the agency named above; to take the defendant into custody and bring him before this Court on the date and at the time and place shown above and, when the court proceeding has been completed and the defendant is released by the court, to return the defendant to the custody of that agency unless the court directs otherwise.

Date Name Of Judge (Type Or Print)
 District Court Judge Superior Court Judge Signature Of Judge

RETURN OF SERVICE

I certify that this Writ was received and served as follows.

Date Writ Received Date Writ Served On Custodian Date Of Return Of Service
Name Of Person Served Signature Of Person Making Return Of Service
Date Def. Received From Custodian Date Def. Returned To Custodian Deputy Sheriff Other _____

Original-Custodian Copy-District Attorney Copy-File