

STATE OF NORTH CAROLINA

File Number _____

File No. County of Origin _____

_____ County

In the General Court of Justice

☐ District☐ Superior Court Division**STATE VERSUS****Name of Defendant****NOTICE OF HEARING FOR EXTENSION OF
PROBATION**

G.S. 15A-1344(d)

The defendant was placed on probation pursuant to the following Judgment Suspending Sentence:

Date Of Judgment Suspending Sentence

Name Of County And File No. (County of Original Conviction)

TO THE DEFENDANT NAMED ABOVE:

Pursuant to G.S. 15A-1344(d), you have been served with a notice that a hearing will be held at the date, time and location shown below to determine if there is good cause to extend the period of probation.

Date Of Hearing

Time Of Hearing

Location Of Hearing

☐ I certify that this Notice Of Hearing For Extension Of Probation was personally served on the defendant.

Date Served

Signature Of Officer

Department Or Agency

NCDPS/Community Corrections

Distribution:

Original: File with Clerk in County of Hearing

Copy: Offender

Copy: Offender Case File