

NORTH OF NORTH CAROLINA
JUDICIAL DISTRICT
COUNTY OF

IN THE GENERAL COURT OF JUSTICE
[] SUPERIOR COURT DIVISION
[] DISTRICT COURT DIVISION

FILE NUMBER: _____

MICROFILM #: _____

THE STATE OF NORTH CAROLINA)

VS.)

MOTION AND ORDER TO STRIKE
CALLED AND FAILED AND RECALL
ORDER FOR ARREST AND TO RESET THE
CASE ON A TRIAL CALENDAR

NOW COMES _____, Attorney for the above named
defendant and respectfully moves the Court to strike the called and failed for the defendant's
failure to appear before said Superior/District Court on the _____ day of _____, 19__
in the above case. In support of the motion, counsel states that the defendant failed to appear for
the following good cause:

DATED: _____

Attorney for the Defendant

ORDER

THE COURT FINDING that the attorney for the defendant has shown good cause,

IT IS NOW THEREFORE ORDERED that the called and failed be stricken and the order
for arrest recalled and that the case be rescheduled on the SUPERIOR/DISTRICT Court Trial
Docket on the _____ day of _____, 19__.

IT IS SO ORDERED this _____ day of _____, 19__.

Judge Presiding

STATE OF NORTH CAROLINA

COUNTY OF ORANGE

VERNELLE B. JONES,)
Plaintiff,)

vs.)

JOHN H. JONES, JR.)
Defendant.)

FILED
IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NUMBER: 023 CVD 972

ORANGE COUNTY, C.S.C.
BY ME

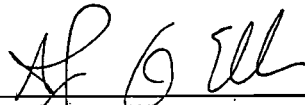
MOTION FOR ENTRY OF DEFAULT

NOW COMES the above-named plaintiff, by and through her attorney of record, Alyscia G. Ellis and hereby moves the Court pursuant to Rule 55 of the Rules of Civil Procedure for entry of default by the defendant and the plaintiff respectfully shows the Court as follows:

Said defendant was served on or about August 6, 2002 and has failed to plead or is otherwise subject to default judgment as provided by the Rules of Civil Procedure by Statute as shown by the sworn verified complaint filed herein.

This the 10 day of September, 2002.

JILL E. BURTON & ASSOCIATES



Alyscia G. Ellis
Attorney for Plaintiff
100 East Parrish Street, Suite 100
Post Office Box 1393
Durham, North Carolina 27701
(919) 688-5988

FILED

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

COUNTY OF ORANGE

02 SEP 13 11:34

DISTRICT COURT DIVISION

FILE NUMBER 02 CVD 972

ORANGE COUNTY, C.S.C.

VERNELLE B. JONES,
Plaintiff,

BY) MD
)
)
)
)
)
)
)

vs.

ORDER FOR DEFAULT

JOHN H. JONES, JR.
Defendant.

THIS CAUSE coming on to be heard by the undersigned Clerk on the Motion of the plaintiff and it appearing to the Clerk upon the verified Complaint that this is an action for divorce from bed and board and equitable distribution; personal service was made upon the defendant; that the Court has jurisdiction over the subject matter in this action; the defendant is not under a disability and has failed to otherwise plead or appear in a time allowed by the Court; and that default has been entered.

IT IS THEREFORE ORDERED, ADJUDGED, AND DECREED that Entry of Default is entered against the defendant.

This the 13th day of September, 2002.

Melody C Dees Asst
CLERK OF SUPERIOR COURT

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

SUPERIOR COURT DIVISION
FILE # 05 CRS 52899

STATE OF NORTH CAROLINA)
)
)
 VS.)
)
)
)
)
 TERRY DAVIS, DEFENDANT)

MOTION AND ORDER FOR
BOND REDUCTION

NOW COMES Bernell Daniel-Weeks Attorney for the Defendant, and respectfully shows the Court that the Defendant is presently confined in the Durham County Jail awaiting trial on the charge of breaking and entering and that the Defendant is being held under a secured bond of \$20,000.

Counsel believes that a secured bond of \$5,000 is adequate to assure the presence of the Defendant for trial.

Wherefore, the Defendant prays that an Order be issued reducing the bond herein from \$20,000 to \$5,000 secured.

Date

Attorney for the Defendant

THE STATE WILL/WILL NOT oppose the Motion for the Defendant for a bond reduction to \$5,000 secured.

Date

Assistant District Attorney

ORDER

THIS CAUSE coming on to be heard and being heard before the undersigned presiding judge and it appearing to the Court that a bond of \$5,000 secured will be adequate to assure the presence of the defendant at trial,

IT IS HEREBY ORDERED that the bond in the above-entitled cause shall be and the same is reduced from \$20,000 to \$5,000 secured.

IT IS SO ORDERED this the _____ day of _____ 2006.

Judge Presiding

PERSONAL INJURY

CLIENT INFORMATION:

* Name: _____ Address: _____

* Telephone: _____ Drivers License #: _____

* SSN: _____ Date of Birth: _____

PL Sex: _____ PL Race: _____

Employer: _____ Address: _____

Salary: _____ Position/Title: _____

Hours per week: _____

PLAINTIFF'S INJURIES:

*Injuries - List and Describe: _____

*Treating Medical Care Providers: _____

Still being treated: _____ Release Date: _____

Amount of Bills to Date: _____

Lost Time from Work: (When missed; # of days; returned; when to return): _____

Still experiencing pain: _____; if so, describe: _____

Under Medication: _____; if so, describe: _____

INSURANCE:

Insurance Company PL: _____ D: _____

*Medpay: _____

Vehicle Owners: P: _____ D: _____

Adjusters: P: _____ D: _____

MEDICAL CHRONOLGOY-BROCHURE WORKSHEET

CLIENT: _____ DOA: _____

DATE	PROVIDER	INJURY	AMOUNT	REPORT (Y,N)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

TOTAL: _____

DOCUMENTS NEEDED AS OF / / /:

1. _____
2. _____
3. _____

PERSONAL INJURY CHECKLIST

ACTIVITY	DATE COMPLETED	COMPLETED BY
<input type="checkbox"/> Initial Client Interview	/ /	_____
<input type="checkbox"/> Client Appt. With Chiropractor Sent To: _____	/ /	_____
<input type="checkbox"/> Follow-up PI Letter to Client	/ /	_____
<input type="checkbox"/> Police Report	/ /	_____
<input type="checkbox"/> Letter of Engagement to Ins. Co.	/ /	_____
<input type="checkbox"/> Follow-up w/ Chiropractor Re: Final Report/Bill	/ /	_____
<input type="checkbox"/> Confirmation of All Client Bills/Loss Wages	/ /	_____
<input type="checkbox"/> PI Brochure Prepared	/ /	_____
<input type="checkbox"/> PI Brochure Sent via US Mail	/ /	_____
<input type="checkbox"/> Follow-up w/ Adjuster Re: Receipt and Expected Timeline for Settlement Offer	/ /	_____
<input type="checkbox"/> Settlement Offer/ Negotiations	/ /	_____
<input type="checkbox"/> Disbursement	/ /	_____
<input type="checkbox"/> Disengagement Letter	/ /	_____

CLIENT SETTLEMENT STATEMENT

CLIENT:

Gross Settlement Received: \$ _____

Attorney's Fees \$ _____

Total Authorized Expenses and Disbursements: \$ _____

NET RECOVERY: \$ _____

Itemized Authorized Disbursements:

1. _____

2. _____

3. _____

TOTAL _____

COSTS ADVANCED BY

- 1. Accident Report Fees _____
- 2. Medical Records Fees _____
- 3. Copying _____
- 4. Doctor's Report Fees _____

TOTAL COSTS ADVANCED _____

I hereby accept the sum of \$ _____ in final settlement of my claim against _____, and hereby authorize Attorney _____, to make disbursements of \$ _____, as shown above, from the proceeds of the settlement. I understand this is the final and full settlement of any and all claims I possess in regard to this case and I acknowledge receipt of a copy of this settlement statement by signing below.

Date: _____

Client: _____

STATE OF NORTH CAROLINA
COUNTY OF _____

DOCKET # _____

STATE OF NORTH CAROLINA

vs.

MOTION TO ADD ON PRINTED
COURT DOCKET BY ATTORNEY

Defendant

Now comes the defendant, _____ by and through his attorney
_____ and moves to add the above enumerated case to the printed docket on
the _____ day of _____, 200 _____. This motion is filed before noon at least 3 calendar
days prior to the requested court date.

This the _____ day of _____, 200 ____.

x _____
Attorney for defendant
Name _____
Address _____

Phone _____

REQUEST FOR MEDICAID PAYMENT INFORMATION

RECIPIENT'S NAME:	
DATE OF BIRTH:	
RECIPIENT'S MEDICAID ID# (IF KNOWN):	
RECIPIENT'S SOCIAL SECURITY NUMBER:	
COUNTY OF RESIDENCE:	
DATE OF ACCIDENT:	
INJURY SUSTAINED:	
LAST DATE OF TREATMENT:	
TYPE OF ACCIDENT:	<input type="checkbox"/> Auto <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Medical Malpractice <input type="checkbox"/> Product Liability <input type="checkbox"/> Other
ATTORNEY OR INSURANCE COMPANY:	
CONTACT PERSON:	
MAILING ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
NAME OF INSURED (POLICYHOLDER):	
POLICY/CLAIM NO:	
RECIPIENT'S MEDICAL PAYMENTS INSURANCE:	
INSURANCE ADJUSTER:	
NAME OF INSURED (POLICYHOLDER):	
POLICY/CLAIM NO:	
ADDITIONAL INFORMATION:	

PERSONAL INJURY SAMPLES

DO'S & DON'T'S IN YOUR PERSONAL INJURY CASE

In order to represent you, and to fully protect your legal rights, there are some "DO'S" and "DON'T'S" which you should remember until your case is closed.

First, the DO'S:

1. DO retain all records, receipts, bills or other statements. This includes Dr. and Hospital bills, prescription drug receipts, and even non-prescription drug receipts (even Tylenol/Advil, if accident related). Keep a copy of your phone bill if your Dr.'s office is long-distance.
2. DO what your Dr./hospital tells you to do. Go to the Dr. for a check up, appointment, or if you are in pain. If your Dr. refers you to a specialist, Physical Therapy or another medical care provider, it is very important that you go. Do not be the client who discovers a year after his case is closed that he has a serious medical condition.
3. DO keep a journal of your pain, and how your life has been affected as a result of your injuries. In a composition notebook or pad, keep notes about those occasions where you couldn't sleep because of your pain, or those occasions when a relative had to care for you. You are entitled to compensation for your pain and suffering, and if you write it down, you will make your case very much stronger.
4. DO keep records of time missed from work, plays, concerts, movies, or other events that you purchased tickets to but couldn't attend because of your injuries.
5. DO call your attorney if you have any questions or your Dr. has completely released you from your medical treatment.

And the DON'T'S:

1. DON'T communicate with insurance adjusters. They record your conversation and use it against you and may hurt your case. Allow your attorney to communicate with the adjuster.
2. DON'T stop medical treatment until you are completely well, or as well as your Dr. says you can be in light of your injuries.
3. DON'T forget to keep records of your mileage to and from your medical care providers, as this is another cost for which you can be compensated. A mileage sheet is included in this package.

Whitley, Jenkins & Riddle
INJURY LAWYERS

Robert E. Whitley
Eugene G. Jenkins
Gene A. Riddle

J. Christopher Brantley
Robert E. Whitley, Jr.
Ronald T. Lawrence, II

2902-B North Herritage Street
Post Office Box 5309
Kinston, North Carolina 28503-5309
(919) 523-7111
Fax: (919) 523-3433

658 North Spence Avenue
Post Office Box 11050
Goldsboro, North Carolina 27532-1050
(919) 778-9700
Fax: (919) 778-1938

July 31, 1997

Mr. John Doe
123 Everyday Avenue
Somewhere, NC 55555

RE: Accident of 11/17/96

Dear John:

Please call me upon receipt of this letter. I need to get an update on your medical condition. Thank you.

Sincerely yours,

WHITLEY, JENKINS & RIDDLE

BY: _____
Robert E. Whitley, Jr.

/phm

Whitley, Jenkins & Riddle

Personal Injury Interview Sheet

Client's Name: _____ Accident Date: _____

Referred By: TV advertisement, former client, word-of-mouth,
direct mail advertisement, client referral,
personal referral, Phonebook Cover, yellow pages

Location: _____ Time: _____

City: _____ County: _____ State: _____

Investigating Law Enforcement: _____

Description: _____

Client's Injuries: _____

Prior accident? _____ Date: _____

What were injuries? _____

Was there a claim: _____ Did you hire an attorney? _____

Attorney: _____ Amount: _____

Medical History: _____

ARE WE HANDLING P.D? IF YES COMPLETE ENTIRE BACK PAGE.
IF NO, PLEASE ASK CLIENT TO GET A COPY OF THE ESTIMATE OR THE
AMOUNT P.D. WAS SETTLED FOR.

Client's Insurance:

Company: _____

Type: _____ Agent: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Name of Insured: _____

Limits: _____ Med Pay: _____

Adjuster: _____

Responsible Automobile's Insurance:

Company: _____

Type: _____ Agent: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Name of Insured: _____

Limits: _____ Med Pay: _____

Adjuster: _____

Other Insurance:

Company: _____

Type: _____ Agent: _____ Phone: _____

Policy Number: _____ Claim Number: _____

Name of Insured: _____

Limits: _____ Med Pay: _____

Adjuster: _____

Medical Providers:

- drugs
- B. Hobbies and Interests
- C. Exercise
 - run
 - bike
 - swim
 - softball
 - bowl
 - etc.
- D. Church
 - name
 - denomination
 - activities
 - Sunday School
 - choir
- E. Veteran
 - branch of service
 - length of service
 - rank
 - type of discharge
- F. Organizations
 - Masons
 - Jaycees
 - etc.
- G. Education
 - how far completed
 - school
 - degrees
 - honors
- H. Employment
 - where
 - supervisor
 - co-worker
 - length of time
 - honors/distinctions

STATE OF NORTH CAROLINA

COUNTY OF LENOIR

CONTRACT FOR LEGAL SERVICES

I hereby employ the law firm of Whitley, Jenkins & Riddle to represent me in a claim for personal injuries resulting from an accident occurring on _____.

1. The law firm will handle my claim on a contingency fee basis; that is, no attorney's fees will be charged or paid unless recovery is made.

2. The fee to be paid for these legal services, upon recovery, shall be 33-1/3% of the total recovery.

3. No settlement of my claim will be made without my consent.

4. There will be some costs incurred with regard to my claim which will be advanced by the law firm to be reimbursed by me from the proceeds of my settlement. These costs include fees to obtain medical records, accident reports, special investigation expenses, court costs and other litigation expenses. No investigation expenses, court costs or litigation expenses shall be incurred without my approval.

5. I authorize the law firm to pay all outstanding medical bills from my share of the recovery.

6. No guarantees or promises concerning the outcome or results of this case have been made by the law firm.

7. The firm may withdraw representation at any time if it determines the claim is not meritorious.

This _____ day of _____, 1997.

Robert E. Whitley, Jr.

John A. Doe

Whitley, Jenkins & Riddle

INJURY LAWYERS

Robert E. Whitley
Eugene G. Jenkins
Gene A. Riddle

J. Christopher Brantley
Robert E. Whitley, Jr.
Ronald T. Lawrence, II

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Post Office Box 11050
Goldsboro, North Carolina 27532-1050
(919) 778-9700
Fax: (919) 778-1938

July 31, 1997

Mr. John Doe
123 Everyday Avenue
Somewhere, NC 55555

RE: Accident of: 11/17/96

Dear John:

Thank you for selecting Whitley, Jenkins & Riddle to represent you in connection with your personal injury claim. We are looking forward to working with you on your case.

You are being represented by our entire law firm and from time to time different members of our firm will be working with you on your case. Your Case Manager, Patrice H. Moody, is the person to ask for when you call about your case. Your Case Manager will talk to you, answer questions or direct your call to another member of the firm depending on the subject matter of your call. **DO NOT DISCUSS YOUR CASE WITH ANY ONE EXCEPT OUR OFFICE!!! REFER ANY TELEPHONE CALLS OR LETTERS TO OUR OFFICE!!! YOUR CONVERSATION COULD BE MISQUOTED AND USED AGAINST YOU IN YOUR CASE.**

In addition, it is important that you do the following to assist us in the handling of your case:

1. Save all medical bills including prescription receipts.
2. Keep a record of all dates and time you miss from your employment.

NORTH CAROLINA

LENOIR COUNTY

INFORMATION AUTHORIZATION

This will authorize Whitley, Jenkins & Riddle, Attorneys at Law, Post Office Box 5309, Kinston, North Carolina 28503, to examine, reproduce, or otherwise copy in any manner, and to obtain oral and written reports thereon as they may be requested, of any of the following:

1. Any and all medical records, reports, all tests and reports thereof, statement of charges.
2. Any and all employment and work history record, memoranda or performance notes.
3. Any and all psychiatric or psychological records, reports, tests or evaluations.
4. Any and all investigations, reports, notes, reviews or data concerning the undersigned, whether held by government or private agencies, individuals, corporations or organizations.
5. Entire medical history and all files in your possession.

A copy of this signed authorization shall be as effective and valid as the original. This information is needed for my attorney to handle my personal injury claim.

This the _____ day of _____, 199__.

John A. Doe

NORTH CAROLINA

LENOIR COUNTY

INFORMATION AUTHORIZATION

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1. Any and all medical records, reports, all tests and reports thereof, statement of charges.
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A copy of this signed authorization shall be as effective and valid as the original. This information is needed for my attorney to handle my personal injury claim.

This the _____ day of _____, 199__.

John A. Doe

NORTE CAROLINA

LENOIR COUNTY

INFORMATION AUTHORIZATION

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5. Entire medical history and all files in your possession.

A copy of this signed authorization shall be as effective and valid as the original. This information is needed for my attorney to handle my personal injury claim.

This the _____ day of _____, 199__.

John A. Doe

Mitterling, Melody

315-4725 fax

STATE OF NORTH CAROLINA

File No.

06 CR 42120

Durham County

In The General Court Of Justice
[X] District [] Superior Court Division

STATE VERSUS

Name And Address Of Defendant

Bobby Turrentine
Durham County Youth Home

APPLICATION AND WRIT OF HABEAS CORPUS AD PROSEQUENDUM

Race: B, Sex: M, Date Of Birth: 01-10-1990, Social Security No.: 238-67-1196

Name Of Agency In Whose Custody Defendant Confined
[] N.C. DOC [] Sheriff of _____ County

CHARGES PENDING FOR TRIAL

Table with 2 columns: File No., Offense(s). Rows include 06 CR 42120 (Robbery with a dangerous weapon) and 06 CR 42121 (Breaking and/or entering).

APPLICATION

To Any Judge Of The Trial Division Named Above:

The defendant named above is confined 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 referred to above are pending.

Court Date: 07-11-2006, Court Time: 9:00 AM, Date Of Application: 06-28-2006, Location Of Court: Durham County, Signature Of Prosecutor

WRIT

To The Agency Named Above:

The defendant named above is confined 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 [X] Other Durham County Youth Home

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 (Type Or Print), Signature, [] District Court Judge [] Superior Court 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

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

**IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. 04 J 136-137**

**IN THE MATTER OF:
MICHAEL CLIFF**

AFFIDAVIT OF ATTORNEY FEES

BEING duly sworn, I attest that:

I. The nature and scope of the legal service I have rendered and the time and effort required in this case are set forth below:

07/14/04	Opening File -correspondence to client, copy petition	0.45
07/14/04	Reviewed Petition	0.25
07/14/04	Telephone Conversation w/ client	0.30
07/15/04	Court Appearance	0.45
07/15/04	Correspondence to client	0.15
08/25/04	Court Appearance – Judge Hill -meeting w/ client -visitation established by therapist	2.30
08/31/04	Reviewed Order	0.15
09/03/04	Telephone Conversation w/client	0.15
09/10/04	Telephone Conversation w/ Attorney Tim Jordan, DSS	0.15
09/10/04	Correspondence to client	0.15
09/15/04	Correspondence to client -Re: Order of Continuance	0.15
09/21/04	Telephone Conversation w/ client	0.15
09/22/04	Court Appearance – Judge Hill	0.45
09/23/04	Telephone Conversation w/ client	0.15
10/07/04	Telephone Conversation w/ client	0.15

10/20/04	Reviewed GAL Report	0.15
10/25/04	Pretrial Conference – Judge Chaney -DSS will dismiss the petition	0.20
10/25/04	Telephone Conversation w/ client -DSS will dismiss the petition	0.35
10/26/04	Correspondence to client -Re: GAL Report	0.15
11/10/04	Court Appearance – Judge Chaney -DSS dismissed the petition	0.30
11/19/04	Correspondence to client	0.15
11/22/04	Bill Preparation	0.30
	Time waiting in court	1.00
	Total time	11.35

This the 21st day of November 2004.

Natasha A. Adams, Attorney at Law

Sworn and subscribed before me
this the 21st day of November 2004.

Notary Public

My commission expires: _____

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. 04 J 91-94

IN THE MATTER OF:
CADERRICK LINDSEY
JAMESHA LINDSEY
JAMES LINDSEY
MARGARET LINDSEY

AFFIDAVIT OF ATTORNEY FEES

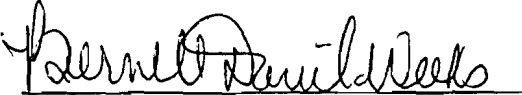
BEING duly sworn, I attest that:

- I. The nature and scope of the legal service I have rendered and the time and effort required in this case are set forth below:

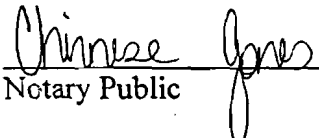
06/30/2006	Receipt/Review of DSS Court Summary	0.45
07/03/2006	Correspondence to client w/enclosure; receipt & review of continuance order	0.20
07/06/2006	Correspondence to client w/enclosure	0.15
07/13/2006	Receipt/Review of GAL Objections	0.05
07/14/2006	Receipt/Review of Notice of Objection/Demand Review Hearing	0.05
07/15/2006	Receipt/Review of Subpoena-Dr. Ross	0.05
07/17/2006	Receipt/Review of GAL report	0.15
07/24/2006	Receipt & Review subpoena for Dr. Harris Britt	0.05
07/26/2006	Court Appearance-Review Hearing	1.45
07/27/2006	Receipt/Review of Correspondence from Dr. Cordasco 7/24/06	0.10
07/31/2006	Correspondence to Client	0.25
08/07/2006	Court Appearance- Hearing on DSS Motion	1.30
08/17/2006	Receipt & Review of Correspondence w/enclosure from C. Moore	0.15
08/18/2006	Correspondence to Client	0.15
08/19/2006	Trial preparation	1.30
08/22/2006	Court Appearance-Review Hearing	4.30
08/22/2006	Receipt & Review of P. Lindsay's Psychological Summary	0.25
08/23/2006	Review Trial Notes from 8/22 for 8/24 hearing & prepare ques.	1.00
08/24/2006	Court Appearance-Review Hearing	4.45

08/24/2006	Receipt/Review of R. Cannady Probation Violation Report	0.10
09/01/2006	Audit File	1.20
	Time Waiting in Court	3.20
	TOTAL TIME	23.15

This the 5th day of September


Bernell Daniel-Weeks-Attorney at Law

Sworn and subscribed before me
This the 5th day of September, 2006.


Notary Public

My commission expires Dec 7, 2008

CHIRNESE JONES
Notary Public
Wake County, NC
My Commission Expires Dec 7, 2008