STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
☐ District ☐ Superior Court Division

VERSUS

IN THE MATTER OF

NOTICE OF APPEARANCE BY COUNSEL

Name And Address Of Attorney Filing Notice Of Appearance

G.S. 15A-141; Rule 1.2(c) of the Rules of ProfessionalConduct of the North Carolina State Bar; Local Rules (if applicable)

Email Address Of Attorney	*State Bar No. Of Attorney*
Name Of Attorney's Firm Or Office (if applicable)	*Telephone No. Of Attorney*	*Fax No. Of Attorney (if applicable)*

To all parties to this action and to the Court:

Now comes the undersigned attorney, who enters a Notice of Appearance on behalf of the party named below in the above titled action.

Name Of Represented Party

☐ Counsel's appearance is limited, such that counsel will represent the party only as to the following:

_____

_____

_____

_____

_____

SIGNATURE

Date	*Name Of Attorney Filing Notice (type or print)*	*Signature Of Attorney Filing Notice*

NOTE: *This Notice of Appearance shall be filed with the Court, either before service or within five days after service. G.S. 1A-1, Rule 5(d)(4).*

Original-Clerk of Superior Court Copy-Each Party to Action Copy-Other Persons (when required, as by Local Rule)

(Over)

AOC-G-312, New 3/20

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on the date(s) specified below a copy of the foregoing Notice Of Appearance By Counsel was served on the parties or attorneys or other persons named below, and by the method(s) specified:

On *(name party or attorney or other person)* ______________________________, on *(give date)* ______________

☐ by delivering a copy personally to the person listed above.

☐ by leaving a copy with a partner or employee of the above-named attorney at the following address:

Address Of Attorney's Office Where Copy Left	*Name Of Person With Whom Copy Left (type or print)*
	Signature Of Person Accepting Service

☐ by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the person listed above at the following address:

Address Of Party Or Attorney Or Other Person

☐ by telefacsimile to the telephone number of ______________ on confirmed telefacsimile receipt, which is attached.

☐ Other manner of service: *(describe)*

On *(name party or attorney or other person)* ______________________________, on *(give date)* ______________

☐ by delivering a copy personally to the person listed above.

☐ by leaving a copy with a partner or employee of the above-named attorney at the following address:

Address Of Attorney's Office Where Copy Left	*Name Of Person With Whom Copy Left (type or print)*
	Signature Of Person Accepting Service

☐ by depositing a copy in a post-paid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service, addressed to the person listed above at the following address:

Address Of Party Or Attorney Or Other Person

☐ by telefacsimile to the telephone number of ______________ on confirmed telefacsimile receipt, which is attached.

☐ Other manner of service: *(describe)*

On *(name party or attorney or other person)* ______________________________, on *(give date)* ______________

☐ by delivering a copy personally to the person listed above.

☐ by leaving a copy with a partner or employee of the above-named attorney at the following address:

Address Of Attorney's Office Where Copy Left	*Name Of Person With Whom Copy Left (type or print)*
	Signature Of Person Accepting Service

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Address Of Party Or Attorney Or Other Person

☐ by telefacsimile to the telephone number of ______________ on confirmed telefacsimile receipt, which is attached.

☐ Other manner of service: *(describe)*

Date	*Name Of Attorney Filing Notice (type or print)*	*Signature Of Attorney Filing Notice*