

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

WARREN COUNTY)
on behalf of)

MICHELLE D WILKINS)
Plaintiff,)

vs.)

LORENZO M WILKINS SR)
Defendant.)

**MOTION FOR ORDER TO
SHOW CAUSE**

The undersigned, being first duly sworn, says that he/she has an interest in enforcing the orders of the Court in this action and respectfully presents to the Court the following information in support of this motion.

1. By Order of this Court dated 10/22/2015, the Obligor was required to pay \$250.00 monthly as support.

2. The Obligor has willfully failed to comply with that Order in that he/she has failed to pay the court ordered support.

3. I am informed and believe that the Obligor has the means to comply with that Order.

I request that the Court issue an order to the Obligor to appear and show cause, if any why he/she should not be held in civil or criminal contempt for his/her failure to comply with the Court's order.

This the 31st day of December, 2015.

Caroline S. Burnette

ATTORNEY FOR WARREN COUNTY CHILD SUPPORT ENFORCEMENT
CAROLINE S. BURNETTE
PO BOX 124

HENDERSON NC 27536
(252)425-7277
Attorney Bar#: 3700032611

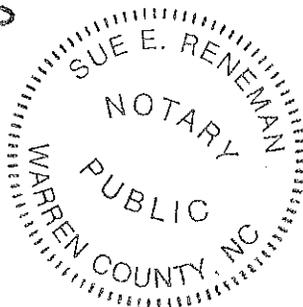
VERIFICATION

I the undersigned, being first duly sworn, say that this motion is true to my own knowledge, except as to those matters stated upon information and belief and as to those I believe them to be true.

Patricia Newsome
PATRICIA NEWSOME
CHILD SUPPORT AGENT II

Sworn and subscribed to before me
this the 31st day of Dec, 2015.

Sue E. Reneman
My commission expires: 9-22-2020



STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

Ret CSC

DOCKET # 99CVD000091
IV-D # 0002526519

WARREN COUNTY)
on behalf of)
MICHELLE D WILKINS)
Plaintiff,)
vs.)
LORENZO M WILKINS SR)
Defendant.)

**ORDER TO APPEAR AND SHOW
CAUSE FOR FAILURE TO COMPLY
SUPPORT ORDER AND ORDER TO
PRODUCE RECORDS**

Name and address of supporting party	Employer name and address
LORENZO M WILKINS SR 3804 GREEN PASTURES W BATTLEBORO NC 27809-8900 Social Security Number: XXX-XX- XXXX	

TO THE SUPPORTING PARTY NAMED ABOVE:

The undersigned finds that there is probable cause to believe that you are in contempt for failure to comply with the order(s) of this Court and/or you have failed to comply with other provisions of the order indicated below. Your account is now in arrears in the amount indicated below. Additional payments may be due prior to the hearing date.

YOU ARE ORDERED to appear in person at the place, date and time indicated below to show cause why you should not be subject to income withholding or held in contempt of court for failing to comply with the lawful orders of this Court. The Court may order income withholding if you are delinquent in an amount equal to the support for one month. If income withholding is ordered, it will apply to your current employer and all subsequent employers and will be continued until terminated pursuant to G.S.110-136.10. If income withholding is not an available or adequate remedy, the Court may proceed with contempt, impose a lien or require you to post a bond, or use other available remedies allowed by law. If the Court finds you in civil contempt, you may be committed to jail for as long as the civil contempt continues. If the Court finds you in criminal contempt, you may be fined up to \$500, imprisoned for up to 120 days, or both.

YOU ARE FURTHER ORDERED to bring with you all records and information relating to your employment and the amount and source of your disposable income. **FAILURE TO APPEAR OR FAILURE TO BRING THESE RECORDS AND INFORMATION WILL BE GROUNDS FOR CONTEMPT.**

PLACE: WARREN COUNTY COURT HOUSE 109 S MAIN STREET WARRENTON, NC 27589	DATE: 02/18/2016	TIME: 08:30 AM
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TOTAL AMOUNT PAST DUE SUPPORT: \$2882.00 AS OF 12/01/2015
TOTAL AMT DUE UNDER TERMS OF LAST ORDER: \$250.00 AS OF 12/01/2015
DATE OF SUPPORT ORDER: 10/22/2015

Notice to Sheriff: This Order must be returned to the Clerk no later than this date: _____ Date: *1.6.16* Signature: *Ernie H Reyster* asst CSC *✓*CSC Dist court judge _____

RETURN OF SERVICE

I certify that this ORDER TO SHOW CAUSE WAS RECEIVED AND SERVED AS FOLLOWS:

Date Served: <i>01/19/16</i>	Name of Supporting Party: <i>Lorenzo Maurice Wilkins Sr.</i>
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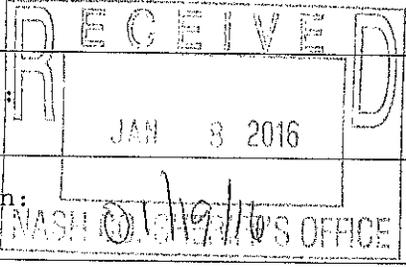
By delivering to the supporting party named above a copy of this Order.

By leaving a copy of this Order at the dwelling house or usual place of abode of the supporting party named above with a person of suitable age and discretion then residing therein.

Name and address of person with whom copies left:

The supporting party WAS NOT served for the following reason:

Date received: <i>JAN 8 2016</i>	Name of Sheriff: <i>Neil Stone</i>
Date of return: <i>01/19/16</i>	County: <i>Nash</i>
Service Fee: <input type="checkbox"/> paid <input type="checkbox"/> due	Deputy Sheriff Making Return: <i>J. W. [Signature]</i>



NOTE TO DEPUTY:
PLEASE MAIL THE RETURN OF SERVICE
TO: WARREN CO. CSS, PO. BOX 694, WARRENTON
NC 27589, IN THE SELF-ADDRESSED ENVELOPE
252-257-1165

2016 JAN 27 AM 9:22
WARREN CO., O.S.C.

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT

MICHELLE D. WILKINS	)	Absent Parent:
Custodian,	)	LORENZO M. WILKINS SR
	)	SSN# : XXX-XX-██████
VS.	)	Client Name :
LORENZO M. WILKINS SR	)	MICHELLE D. WILKINS
	)	IV-D # : 0002526519
Defendant.	)	DOCKET # : 99CVD000091

AFFIDAVIT OF ARREARS

I, the undersigned, affirm and certify:

1. That the above-reference Obligor was ordered to pay child support in the amount of \$250.00 monthly
2. That the aforementioned Obligor is in arrears under the aforementioned order in the amount of \$2,882.00 as of 12/31/2015.

(Custodian Signature)

Patricia Newman

(Agency Representative)

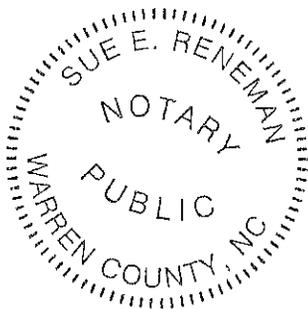
Subscribed and sworn before me

this the 31st day of Dec 2015.

Sue E. Reneman

Notary Public

My Commission expires: 9-22-2020



STATE OF NORTH CAROLINA

Warren County

FILED

Court File No. 99CVD91

IV-D Case No.

2016 JAN 14 AM 9:05

In The General Court Of Justice District Court Division

Name And Address Of Plaintiff
Michelle Wilkins
609 CONVERA CT
Wendell, NC 27591

WARREN CO., N.C.

[Handwritten signature]

Telephone Number (Optional)

VERSUS

Name And Address Of Defendant
LORENZO WILKINS
3804 GREEN PASTURES WEST
BATTLEBORO, NC 27809

Telephone Number (Optional)

MOTION AND NOTICE OF HEARING
FOR MODIFICATION OF
CHILD SUPPORT ORDER

G.S. 50-13.7; 50-13.10

MOTION

The undersigned moves that the Court modify the Order for Child Support now in effect in this action, and in support of this Motion states:

Table with 4 columns: Date Of Current Child Support Order (NOVEMBER 2015), Amount Of Current Child Support Obligation (\$ 200), Weekly, Monthly (checked), Bi-weekly, Other (specify) (50% APPEARS)

Since the current Order for Child Support was entered, circumstances have changed as follows:

PLEASE NOTE THAT THE DEFENDANT HAD A CHANGE IN EMPLOYMENT STATUS EFFECTIVE 6/15/15 AND HAS MADE CONSECUTIVE PAYMENTS FOR EACH MONTH TO THE PLAINTIFF. THIS MOTION IS ONLY REQUESTED TO PROVIDE CREDIT TO THE BALANCE OWED; CONSISTENT WITH THE AGREED UPON ARRANGEMENT BY BOTH PARTIES.

- Therefore, the undersigned requests that the Order for Child Support be modified as follows:
1. Increased
2. Decreased
3. Suspended
4. Terminated
5. Other: SEE ABOVE

THANK YOU,
LMW

Table with 3 columns: Date (1/14/16), Name (Type Or Print) (LORENZO WILKINS), Signature (Lorenzo Wilkins)

NOTE: On the date of the court hearing shown below, the party making this Motion should bring all financial information (wage stubs or other information showing the party's current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

- Plaintiff/Attorney
Defendant/Attorney
Other

NOTICE OF HEARING

NOTICE TO: [] PLAINTIFF [] DEFENDANT [] OTHER

You are notified to appear at the date, time and place shown below for a hearing on the above Motion And Notice Of Hearing For Modification Of Child Support Order. You should bring all financial information (wage stubs or other information showing your current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

Table with 3 columns: Date of Hearing (3/18/16), Time of Hearing (9:30 AM), Date of Notice (1/14/16), Place of Hearing (Warren Co Courthouse), Signature (Janne B...), Deputy CSC (checked), Assistant CSC, CSC, Plaintiff/Attorney, Defendant/Attorney, Other

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

WARREN COUNTY
on behalf of

MICHELLE D WILKINS
Plaintiff,

vs.

LORENZO M WILKINS SR
Defendant.

MOTION FOR ORDER TO
SHOW CAUSE

The undersigned, being first duly sworn, says that he/she has an interest in enforcing the orders of the Court in this action and respectfully presents to the Court the following information in support of this motion.

1. By Order of this Court dated 10/22/2015, the Obligor was required to pay \$250.00 monthly as support.
2. The Obligor has willfully failed to comply with that Order in that he/she has failed to pay the court ordered support.
3. I am informed and believe that the Obligor has the means to comply with that Order.

I request that the Court issue an order to the Obligor to appear and show cause, if any why he/she should not be held in civil or criminal contempt for his/her failure to comply with the Court's order.

This the 31st day of December, 2015.

Caroline S. Burnette

ATTORNEY FOR WARREN COUNTY CHILD SUPPORT ENFORCEMENT
CAROLINE S. BURNETTE
PO BOX 124

HENDERSON NC 27536
(252)425-7277
Attorney Bar#: 3700032611

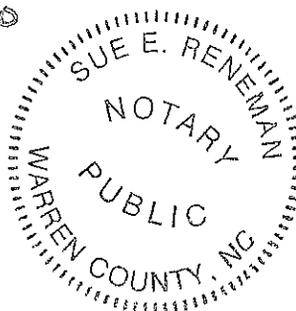
VERIFICATION

I the undersigned, being first duly sworn, say that this motion is true to my own knowledge, except as to those matters stated upon information and belief and as to those I believe them to be true.

Patricia Newsome
PATRICIA NEWSOME
CHILD SUPPORT AGENT II

Sworn and subscribed to before me
this the 31st day of Dec., 2015.

Sue E. Reneman
My commission expires: 9-22-2020



Hand CO 1.6.16

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

WARREN COUNTY)
on behalf of)
MICHELLE D WILKINS)
Plaintiff,)
vs.)
LORENZO M WILKINS SR)
Defendant.)

**ORDER TO APPEAR AND SHOW
CAUSE FOR FAILURE TO COMPLY
SUPPORT ORDER AND ORDER TO
PRODUCE RECORDS**

Name and address of supporting party	Employer name and address
LORENZO M WILKINS SR 3804 GREEN PASTURES W BATTLEBORO NC 27809-8900 Social Security Number: XXX-XX-XXXX	

TO THE SUPPORTING PARTY NAMED ABOVE:

The undersigned finds that there is probable cause to believe that you are in contempt for failure to comply with the order(s) of this Court and/or you have failed to comply with other provisions of the order indicated below. Your account is now in arrears in the amount indicated below. Additional payments may be due prior to the hearing date.

YOU ARE ORDERED to appear in person at the place, date and time indicated below to show cause why you should not be subject to income withholding or held in contempt of court for failing to comply with the lawful orders of this Court. The Court may order income withholding if you are delinquent in an amount equal to the support for one month. If income withholding is ordered, it will apply to your current employer and all subsequent employers and will be continued until terminated pursuant to G.S. 110-136.10. If income withholding is not an available or adequate remedy, the Court may proceed with contempt, impose a lien or require you to post a bond, or use other available remedies allowed by law. If the Court finds you in civil contempt, you may be committed to jail for as long as the civil contempt continues. If the Court finds you in criminal contempt, you may be fined up to \$500, imprisoned for up to 120 days, or both.

YOU ARE FURTHER ORDERED to bring with you all records and information relating to your employment and the amount and source of your disposable income. **FAILURE TO APPEAR OR FAILURE TO BRING THESE RECORDS AND INFORMATION WILL BE GROUNDS FOR CONTEMPT.**

PLACE: WARREN COUNTY COURT HOUSE 109 S MAIN STREET WARRENTON, NC 27589	DATE: 02/18/2016	TIME: 08:30 AM
--	------------------	----------------

TOTAL AMOUNT PAST DUE SUPPORT: \$2882.00 AS OF 12/01/2015
TOTAL AMT DUE UNDER TERMS OF LAST ORDER: \$250.00 AS OF 12/01/2015
DATE OF SUPPORT ORDER: 10/22/2015

Notice to Sheriff:
This Order must be returned to the Clerk no later than this date: _____
Date: 1.6.16
Signature: *Cunio H Rapter*
asst CSC CSC Dist court judge

RETURN OF SERVICE

I certify that this ORDER TO SHOW CAUSE WAS RECEIVED AND SERVED AS FOLLOWS:

Date Served:	Name of Supporting Party:
--------------	---------------------------

- By delivering to the supporting party named above a copy of this Order.
- By leaving a copy of this Order at the dwelling house or usual place of abode of the supporting party named above with a person of suitable age and discretion then residing therein.

Name and address of person with whom copies left:

The supporting party WAS NOT served for the following reason:

Date received:	Name of Sheriff:
Date of return:	County:
Service Fee: ___ paid ___ due	Deputy Sheriff Making Return:

NOTE TO DEPUTY:
PLEASE MAIL THE RETURN OF SERVICE
TO: WARREN CO CSS, PO BOX 694, WARRENTON
NC 27589, IN THE SELF ADDRESSED ENVELOPE
252-257-1165

NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT

MICHELLE D. WILKINS	)	Absent Parent:
	Custodian,)	LORENZO M. WILKINS SR
	)	SSN# : XXX-XX- XXXXXX
)	
	VS.)	Client Name :
	)	MICHELLE D. WILKINS
LORENZO M. WILKINS SR	)	IV-D # : 0002526519
	Defendant.)	DOCKET # : 99CVD000091

AFFIDAVIT OF ARREARS

I, the undersigned, affirm and certify:

1. That the above-reference Obligor was ordered to pay child support in the amount of \$250.00 monthly
2. That the aforementioned Obligor is in arrears under the aforementioned order in the amount of \$2,882.00 as of 12/31/2015.

(Custodian Signature)

Patricia Neuman

(Agency Representative)

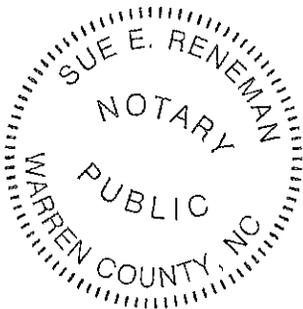
Subscribed and sworn before me

this the 31st day of Dec 2015.

Sue E. Reneman

Notary Public

My Commission expires: 9-22-2020



NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

COUNTY OF WARREN

FILE NO: 99 CVD 91

IV-D NO: 2526519

Session Date: 10.22.15

WARREN COUNTY DSS OBO:

Michelle D. Wilkins

Plaintiff,

Temporary
ORDER

vs.

Lorenzo M. Wilkins, Sr.

Defendant.

Modification Continuance Dismissal Arrears Frequency Suspension

THIS CAUSE COMING ON TO BE HEARD and being heard before the undersigned judge presiding over Warren County District Court upon the pleading and upon the evidence presented or upon agreement of the parties. The Defendant was duly served and advised of the nature of the proceedings and the right to representation, if any. Present in court were:

Defendant WCDSS WCDSS Client Attorney for Defendant, _____

I. **Child Support:** Defendant was ordered to pay \$ 894⁰⁰ per month for current support and \$ 100⁰⁰ per month towards the arrears. The arrears to date are \$ 1788.00.

II. **Modification:** Upon the evidence presented and the record herein:
 A modification of the previously ordered child support is granted denied. Child support is modified to \$ 200.00 per month plus \$ 50⁰⁰ to pay arrears, which are set at \$ 1788⁰⁰, effective the 1st day of NOV, 2015. No other terms changed except as set forth below.

Other findings of fact:
The parties agreed to deviate to \$200.00. This is a temporary order to be renewed on April 21, 2016. The child resides at:
P.O. Box 82, Red oak, NC 27868 OR RR 01 Box 284C, Hollister, NC 27844.

III. **Medical Insurance:**
 Supporting parent shall obtain/maintain medical insurance on the minor child if and when it is available at a reasonable cost through his/her employer.

IV. **Continuance:** The case is continued to the _____ day of _____, 20____ for:
_____ Service _____ Petitioner _____ Defendant _____ Other: _____

V. **Dismissal:** The pending action scheduled for this session date (AND NOTHING ELSE) is here by dismissed for:

_____ Defendant failed to appear and prosecute his/her motion.

VI. **Other Provisions:** It is further ordered that Petitioner is authorized to initiate immediate income withholding as provided by law, together with any administrative or regulatory procedures provided for the collection of child support. Defendant shall keep WCDSS and/or the Warren County Clerk of Superior Court notified of his/her current address and residence and the name and address of anyone who pays regular wages or other cash payments to Defendant.

VII. **Credit Bureau:** In accordance with 42 USC 51 et seq and its implementing regulations, WCDSS is authorized to report this obligation to the appropriate credit reporting agency.

VIII. **All other orders in this matter shall remain in force and effect, including medical insurance provisions and arrears provisions, to the extent they are not modified herein or inconsistent herewith.**

Entered: 10.22.15
DATE:

11-13-15

Amado E. Jeras
DISTRICT COURT JUDGE PRESIDING

DOCKET # 99CVD000091
IV-D CASE 0002526519
RESPONSIBLE AGENT WARR1002

CERTIFICATE OF SERVICE (1)

I, CAROLINE S BURNETTE, do hereby certify that on this day I served a copy of the attached ORDER by depositing a copy thereof in a postpaid and properly addressed envelope, first class mail, addressed as follows:

LORENZO M WILKINS SR
3804 GREEN PASTURES W
BATTLEBORO NC 27809-8900

This the 14th day of December, 2015.
Caroline S. Burnette

IV-D ATTORNEY 3700032611
CAROLINE S BURNETTE
PO BOX 124
HENDERSON NC 27536

STATE OF NORTH CAROLINA

WARREN County

Court File No. 99CVD91

FILED

IV-D Case No.

2015 SEP 11 AM 9:06

In The General Court Of Justice District Court Division

Michelle D. Wilkins

Name And Address Of Plaintiff

WARREN CO., C.S.C.

BY [Signature]

Telephone Number (Optional)

MOTION AND NOTICE OF HEARING FOR MODIFICATION OF CHILD SUPPORT ORDER

VERSUS

Name And Address Of Defendant

LORENZO WILKINS 3804 GREEN PASTURES WEST BATTLEBORO, NC 27809

Telephone Number (Optional)

G.S. 50-13.7; 50-13.10

MOTION

The undersigned moves that the Court modify the Order for Child Support now in effect in this action, and in support of this Motion states:

Table with columns: Date Of Current Child Support Order (5/15/15), Amount Of Current Child Support Obligation (\$ 894), Weekly, Monthly (checked), Bi-weekly, Other (specify).

Since the current Order for Child Support was entered, circumstances have changed as follows:

Full time position with Employer was abolished (downsize).

Therefore, the undersigned requests that the Order for Child Support be modified as follows:

- 1. Increased
2. Decreased
3. Suspended
4. Terminated (checked)
5. Other:

Signature line for Lorenzo Wilkins, Date 9/11/15, Name (Type Or Print) LORENZO WILKINS.

NOTE: On the date of the court hearing shown below, the party making this Motion should bring all financial information (wage stubs or other information showing the party's current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

NOTICE OF HEARING

NOTICE TO: [] PLAINTIFF [] DEFENDANT [] OTHER

You are notified to appear at the date, time and place shown below for a hearing on the above Motion And Notice Of Hearing For Modification Of Child Support Order. You should bring all financial information (wage stubs or other information showing your current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

Hearing details: Date of Hearing 10/15/15, Time Of Hearing 9:30 AM, Date Of Notice 9/11/2015, Place of Hearing Warren County Courthouse, Signature [Signature], Deputy CSC (checked).

INCOME WITHHOLDING FOR SUPPORT

ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)

AMENDED IWO

ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

TERMINATION of IWO

Date: 06/03/2015

Child Support Enforcement(CSE) Agency Court Attorney Private Individual/Entity

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory North Carolina
City/County/Dist./Tribe WARREN
Private Individual/Entity

Remittance Identifier (include w/payment) 0002526519
Order Identifier 3718599CVD000091
CSE Agency Case Identifier 0002526519

CSX CORPORATION
301 W BAY ST STE 9
JACKSONVILLE FL 32202-5100

RE: WILKINS SR. LORENZO M
Employee/Obligor's Name (Last, First, MI)
SSN: [REDACTED]
Employee/Obligor's Social Security Number
WILKINS, MICHELLE D
Custodial Party/Obligee's Name (Last, First, MI)

621051971
Employer/Income Withholder's FEIN

Child(ren)'s Name(s) (Last, First, MI) Child(ren)'s Birth Date(s)
WILKINS, KENDALL L [REDACTED]

FILED
JUN 11 AM 8:44
WARREN CO., C.S.C.

ORDER INFORMATION: This document is based on the support or withholding order from North Carolina. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$894.00 per month	current child support	
per	past-due child support-Arrears greater than 12 weeks? ()yes ()no	
per	current cash medical support	
per	past-due cash medical support	
per	current spousal support	
per	past-due spousal support	
per	other(must specify)	
for a Total Amount to Withhold of	\$894.00 per month.	

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$206.31 per weekly pay period	\$447.00 per semimonthly pay period (twice a month)
\$412.61 per biweekly pay period (every two weeks)	\$894.00 per monthly pay period

\$0.00 Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is North Carolina, you must begin withholding no later than the first pay period that occurs fourteen days after the date of service of the Order or Notice. Send payment within seven working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 40% of disposable income for all orders. If the employee/obligor's principal place of employment is not North Carolina, obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm. If remitting payment by EFT/EDI, call the BFT Contact at (919) 855-4755 before first submission.

Include the *Remittance Identifier* with the payment and if necessary this FIPS code: _____

Remit payment to: NC Child Support Centralized Collections,
PO BOX 900012, Raleigh, NC 27675-9012.

() **Return to Sender (Completed by Employer/Income Withholder)**. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official: Caroline S Brunette
Print Name of Judge/Issuing Official: LAMBERT, ANNETTE N
Title of Judge/Issuing Official: CSE AGENT II
Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

() If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE Agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. Civil penalty for first offense - \$100, second offense - \$500, third offense - \$1000. Obligor's are entitled to reasonable damages and to be reinstated in their former position.

OMB Expiration Date - 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version on the form currently in use.

Employer's Name: CSX CORPORATION
Employee/Obligor's Name: LORENZO M WILKINS SR
CSE Agency Case Identifier: 0002526519

Employer FEIN: 621051971
Order Identifier: 3718599CVD000091

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (*see REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673(b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information:

Amount withheld may include a processing fee of \$2.00 retained by payer for each withholding.

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____
Last known address: _____
Final payment date to SDU/Tribal Payee: _____ Final Payment amount: _____
New employer's name: _____
New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact ANNETTE N LAMBERT by phone at 1-800-992-9457, by fax at (000) 000-0000, by email or website at: <http://www.ncchildsupport.com>.

Send termination/income status notice and other correspondence to: 820 HWY 158 BUS WEST
WARRENTON, NC 27589

To Employer/Obligor: If the employee/obligor has questions, contact ANNETTE N LAMBERT by phone at 1-800-992-9457, by fax at (000) 000-0000, by email or website at: <http://www.ncchildsupport.com>.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

DOCKET # 99CVD000091
IV-D CASE 0002526519
RESPONSIBLE AGENT WARR1008

CERTIFICATE OF SERVICE (1)

I, CAROLINE S BURNETTE, do hereby certify that on this day I served a copy of the attached NOTICE TO WITHHOLD INCOME by depositing a copy thereof in a postpaid and properly addressed envelope, first class mail, addressed as follows:

CSX CORPORATION
301 W BAY ST STE 9
JACKSONVILLE

FL 32202-5100

This the 8TH day of June, 2015.

Caroline S Burnette

IV-D ATTORNEY 3700032611
CAROLINE S BURNETTE
PO BOX 124
HENDERSON

NC 27536

FILED
2015 JUN 11 AM 8:45
WARREN CO., C.S.C.

NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE

COUNTY OF WARREN

FILED

DISTRICT COURT DIVISION

FILE NO: 99 CD 91

IV-D NO: 7439646 & 2526519

2015 MAY 27 PM 2:45

Session Date: 5.21.15

WARREN COUNTY DSS OBO:

Michelle D. Wilkins
Plaintiff,

WARREN CO., C.S.C.

BY _____

vs.

ORDER

Lorenzo M. Wilkins, Sr.
Defendant.

Modification Continuance Dismissal Arrears Frequency Suspension

THIS CAUSE COMING ON TO BE HEARD and being heard before the undersigned judge presiding over Warren County District Court upon the pleading and upon the evidence presented or upon agreement of the parties. The Defendant was duly served and advised of the nature of the proceedings and the right to representation, if any. Present in court were:

Defendant WCDSS WCDSS Client Attorney for Defendant, _____

I. **Child Support:** Defendant was ordered to pay \$ _____ per month for current support and \$ _____ per month towards the arrears. The arrears to date are \$ _____.

II. **Modification:** Upon the evidence presented and the record herein:
 A modification of the previously ordered child support is granted denied. Child support is modified to \$ 894.00 per month plus \$ 90.00 to pay arrears, which are set at \$ _____, effective the 1st day of June, 2015. No other terms changed except as set forth below.

Other findings of fact:
The child, Kendall (IV-D No. 7439646) shall be added to the order. The child was born of the marriage. Mr. Wilkins is the biological father. IV-D No. 7439646 shall be consolidated into 2526519 and enforced under 2526519. The child resides with us.

III. **Medical Insurance:** Wilkins at P.O. Box 82, Red Oak, NC 27868.
 Supporting parent shall obtain/maintain medical insurance on the minor child if and when it is available at a reasonable cost through his/her employer.

IV. **Continuance:** The case is continued to the _____ day of _____, 20____ for:
_____ Service _____ Petitioner _____ Defendant _____ Other: _____

V. **Dismissal:** The pending action scheduled for this session date (AND NOTHING ELSE) is here by dismissed for:

Defendant failed to appear and prosecute his/her motion.

VI. **Other Provisions:** It is further ordered that Petitioner is authorized to initiate immediate income withholding as provided by law, together with any administrative or regulatory procedures provided for the collection of child support. Defendant shall keep WCDSS and/or the Warren County Clerk of Superior Court notified of his/her current address and residence and the name and address of anyone who pays regular wages or other cash payments to Defendant.

VII. **Credit Bureau:** In accordance with 42 USC 51 et seq and its implementing regulations, WCDSS is authorized to report this obligation to the appropriate credit reporting agency.

VIII. All other orders in this matter shall remain in force and effect, including medical insurance provisions and arrears provisions, to the extent they are not modified herein or inconsistent herewith.

DATE: 5.21.15


DISTRICT COURT JUDGE PRESIDING

DOCKET # 99CVD000091
IV-D CASE 0002526519
RESPONSIBLE AGENT WARR1008

CERTIFICATE OF SERVICE (1)

I, CAROLINE S BURNETTE, do hereby certify that on this day I served a copy of the attached ORDER by depositing a copy thereof in a postpaid and properly addressed envelope first class mail, addressed as follows:

LORENZO M WILKINS SR
3804 GREEN PASTURES W
BATTLEBORO

NC 27809-8900

FILED
MAY 27 PM 2:45
WARREN CO., C.S.C.

This the 22nd day of May, 2015.

Caroline S. Burnette

IV-D ATTORNEY 3700032611
CAROLINE S BURNETTE
PO BOX 124
HENDERSON

NC 27536

NORTH CAROLINA

COUNTY OF WARREN

FILED

2015 MAY 27 PM 2:45

IN THE GENERAL COURT OF JUSTICE

DISTRICT COURT DIVISION

FILE NO: 99 CD 91

IV-D NO: 7439646 & 2526519

Session Date: 6.21.15

WARREN COUNTY DSS OBO:

Michelle D. Wilkins
Plaintiff,

WARREN CO., C.S.C.

BY _____

vs.

ORDER

Lorenzo M. Wilkins, Sr.
Defendant.

Modification Continuance Dismissal Arrears Frequency Suspension

THIS CAUSE COMING ON TO BE HEARD and being heard before the undersigned judge presiding over Warren County District Court upon the pleading and upon the evidence presented or upon agreement of the parties. The Defendant was duly served and advised of the nature of the proceedings and the right to representation, if any. Present in court were:

Defendant WCDSS WCDSS Client Attorney for Defendant, _____

I. **Child Support:** Defendant was ordered to pay \$ _____ per month for current support and \$ _____ per month towards the arrears. The arrears to date are \$ _____.

II. **Modification:** Upon the evidence presented and the record herein:
 A modification of the previously ordered child support is granted denied. Child support is modified to \$ 894.00 per month plus \$ 90.00 to pay arrears, which are set at \$ _____, effective the 1st day of June, 2015. No other terms changed except as set forth below.

Other findings of fact:
The child, Kendall (IV-D No. 7439646) shall be added to the order. The child was born of the marriage. Mr. Wilkins is the biological father. IV-D No. 7439646 shall be consolidated into 2526519 and enforced under 2526519. The child resides with Ms.

III. **Medical Insurance:** Wilkins at P.O. Box 82, Red Oak, NC 27868.
_____ Supporting parent shall obtain/maintain medical insurance on the minor child if and when it is available at a reasonable cost through his/her employer.

IV. **Continuance:** The case is continued to the _____ day of _____, 20____ for:
_____ Service _____ Petitioner _____ Defendant _____ Other: _____

V. **Dismissal:** The pending action scheduled for this session date (AND NOTHING ELSE) is here by dismissed for:

_____ Defendant failed to appear and prosecute his/her motion.

VI. **Other Provisions:** It is further ordered that Petitioner is authorized to initiate immediate income withholding as provided by law, together with any administrative or regulatory procedures provided for the collection of child support. Defendant shall keep WCDSS and/or the Warren County Clerk of Superior Court notified of his/her current address and residence and the name and address of anyone who pays regular wages or other cash payments to Defendant.

VII. **Credit Bureau:** In accordance with 42 USC 51 et seq and its implementing regulations, WCDSS is authorized to report this obligation to the appropriate credit reporting agency.

VIII. **All other orders in this matter shall remain in force and effect, including medical insurance provisions and arrears provisions, to the extent they are not modified herein or inconsistent herewith.**

DATE: 6.21.15


DISTRICT COURT JUDGE PRESIDING

DOCKET #
IV-D CASE 0007439646
RESPONSIBLE AGENT WARR1008

CERTIFICATE OF SERVICE (1)

I, CAROLINE S BURNETTE, do hereby certify that on this day I served a copy of the attached ORDER by depositing a copy thereof in a postpaid and properly addressed envelope, first class mail, addressed as follows:

LORENZO M WILKINS SR
3804 GREEN PASTURES W
BATTLEBORO NC 27809-8900

This the 22nd day of May 2015

Caroline S Burnette

IV-D ATTORNEY 3700032611
CAROLINE S BURNETTE
PO BOX 124
HENDERSON NC 27536

FILED
2015 MAY 27 PM 2:45
WARREN CO., C.S.C.
BY

STATE OF NORTH CAROLINA
COUNTY OF WARREN

FILED

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

WARREN COUNTY
on behalf of

MICHELLE D WILKINS
VS
LORENZO M WILKINS SR

2015 APR 16 AM 8:49

DOCKET # 990091
IV-D # 0007439646

WARREN CO., G.S.C. NOTICE OF HEARING
)
Plaintiff,)
)
BY Defendant.)

TO: LORENZO WILKINS
3804 GREEN PASTURES W
BATTLEBORO, NC 27809-8900

PLEASE TAKE NOTICE that the undersigned will bring the
MOTION TO MODIFY CHILD SUPPORT ORDER for hearing on the 21ST
day of MAY, 2015, at 08:30 AM, at the WARREN County
Courthouse, Room, WARRENTON, North Carolina.

NC LAW (NC. GEN. STAT. SECTION 110-136.3) REQUIRES THAT YOU &
YOUR CHILD'S MAILING & RESIDENTIAL ADDRESS BE INCLUDED IN
CERTAIN ORDERS. PLEASE APPEAR IN COURT IF YOU HAVE CONCERNS.

This the 13th day of April, 2015.

Caroline S. Burnette

IV-D ATTORNEY
CAROLINE S BURNETTE
PO BOX 124
HENDERSON, NC 27536
(252)425-7277
Attorney Bar#: 3700032611

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

FILED
2015 APR 16 AM 8:49

Docket #
IV-D # 0007439646

WARREN County
on behalf of
MICHELLE D WILKINS

WARREN CO., C.S.C.

vs

Plaintiff,

LORENZO M WILKINS SR
Defendant.

MOTION TO MODIFY SUPPORT ORDER

NOW COMES the WARREN County Support Enforcement Agency, pursuant to N.C.G.S. § 110-130.1, N.C.G.S. § 50-13.7 and N.C.G.S. § 50-13.4 and moves the court to modify the current order for child support and as grounds therefore shows unto the Court the following:

1. An Order was entered by this Court on / / ordering the Obligor to pay \$0.00 for the support of his/her minor child(ren).

2. There has been a change of circumstances since the entry of the Order referred to above which materially affects the welfare of the minor child(ren) to wit:

CLIENT HAS REQUESTED CHILD SUPPORT TO BE REINSTATED, AND CHILD, KENDALL LATRELL WILLIAMS TO BE ADDED TO ORDER WHO WAS BORN OF THE MARRIAGE AND PATERNITY IS NOT AT ISSUE.

3. The responsibility of the payor to provide support in this matter has changed for the reason(s) above.

WHEREFORE Plaintiff prays that the Court modify the Support Order as follows:

CHILD, KENDALL LATRELL WILKINS, BE ADDED TO 99CVD91, SET CURRENT SUPPORT PER NORTH CAROLINA GUIDELINES, PLUS MEDICAL WHEN AVAILABLE THROUGH EMPLOYER AS LORENZO WILKINS IS THE

BIOLOGICAL FATHER OF CHILDREN WHO WAS BORN OF THE MARRIAGE AND PATERNITY IS NOT AT ISSUE. CONSOLIDATE IV-D #7439646 WITH IV-D #2526519.

This the 13TH day of April, 2015.

Caroline S. Burnette

ATTORNEY FOR WARREN CHILD SUPPORT ENFORCEMENT
CAROLINE S. BURNETTE
PO BOX 124
HENDERSON NC 27536
(252) 425-7277
Attorney Bar#: 3700032611

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

FILED

DOCKET # 99 CWD 91
IV-D # 0007439646

WARREN
on behalf of

COUNTY 2015 APR 16 AM 8:48

MICHELLE D WILKINS
VS
LORENZO M WILKINS SR

WARREN CO. C.S.E.)
Plaintiff)
BY _____ Defendant.)

NOTICE OF HEARING

TO: MICHELLE D WILKINS
PO BOX 82
RED OAK, NC 27868

PLEASE TAKE NOTICE that the undersigned will bring the
MOTION TO MODIFY CHILD SUPPORT ORDER for hearing on the 21ST
day of MAY, 2015, at 08:30 AM, at the WARREN County
Courthouse, Room, WARRENTON, North Carolina.

NC LAW (NC. GEN. STAT. SECTION 110-136.3) REQUIRES THAT YOU &
YOUR CHILD'S MAILING & RESIDENTIAL ADDRESS BE INCLUDED IN
CERTAIN ORDERS. PLEASE APPEAR IN COURT IF YOU HAVE CONCERNS.

This the 13TH day of April, 20 15

Caroline S. Burnette

IV-D ATTORNEY
CAROLINE S BURNETTE
PO BOX 124
HENDERSON, NC 27536
(252) 425-7277
Attorney Bar#: 3700032611

FILED

~~CERTIFICATE OF SERVICE~~ 2015 APR 16 AM 8:48

WARREN CO., C.S.C.

I, CAROLINE S BURNETTE, do hereby certify that on this day I served a copy of the attached Motion and Notice of Hearing by depositing a copy thereof in a postpaid and properly addressed envelope, first class mail, addressed as follows:

MICHELLE D WILKINS
PO BOX 82
RED OAK, NC 27868

This the 13TH day of April, 2015.

Caroline S Burnette

IV-D ATTORNEY
CAROLINE S BURNETTE
PO BOX 124
HENDERSON, NC 27536
(252) 425-7277
Attorney Bar#: 3700032611

STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

FILED

DOCKET # 99CVD000091
IV-D # 0002526519

STATE OF NORTH CAROLINA
on behalf of
MICHELLE D WILKINS

PLAINTIFF,

vs.

LORENZO M WILKINS SR

DEFENDANT.

MEMORANDUM ORDER

THIS MATTER having come on for a hearing before the undersigned Judge on 12/10/1999, at the regularly scheduled Session of the WARREN County District Court on Plaintiff's Petition and the Court having been apprised that an agreement has been reached by and among the parties, and that this agreement has been acknowledged in open court, the Court makes the following FINDINGS OF FACT:

THAT THE DEFENDANT IS IN SUBSTANTIAL COMPLIANCE.

Based upon the above FINDINGS OF FACT, the Court makes the following CONCLUSIONS OF LAW:

THAT THE DEFENDANT HAS COMPLIED WITH THE PRIOR ORDERS OF THE COURT OR IS IN SUBSTANTIAL COMPLIANCE.

It is therefore ORDERED, ADJUDGED AND DECREED that:

THAT THE ORDER TO SHOW CAUSE BE DISMISSED.

This the 8th day of April, 2000.


DISTRICT COURT JUDGE PRESIDING

STATE OF NORTH CAROLINA
COUNTY OF WARREN

or

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

Halif

STATE OF NORTH CAROLINA
on behalf of
MICHELLE D WILKINS

Plaintiff,

vs.

LORENZO M WILKINS SR

Defendant.

ORDER FOR ARREST

DEFENDANT ADDRESS: 100 BROWNING LN
ROCKY MOUNT NC 27804-9057
D.O.B. 01/20/1973 RACE BL
GENDER MALE DRIVER'S LICENSE [REDACTED]

TO THE SHERIFF OF WARREN COUNTY.

You are hereby ordered to take into custody the person of LORENZO M WILKINS to be found at the above address, for failing to appear before this Court on 01/01/0001, as ordered to show why he/she should not be held in contempt for failing to comply with the Orders of the Court.

You are further ordered to notify the WARREN County Child Support Enforcement Office at (252)257-1165 upon arrest or upon the inability to execute the order prior to its return to the court file.

This Defendant is ordered held until the Defendant pays a cash bond or a cash bond is posted in the Defendant's name in the amount of \$ 700.00 guaranteeing his appearance on the next setting of his/her case. This must be a cash appearance bond and the Defendant must appear in courtroom WARREN County Clerk of Superior Court on 12/10/1999 at 09:30 o'clock AM, the next court date succeeding the posting of bond. With the consent of the person posting the bond, the cash appearance bond may be paid over to the Clerk of Superior Court for WARREN County and applied toward Defendant's arrears which have accrued under the prior orders of this Court.

If the Defendant does not post bond for his release, he shall be brought to courtroom on 12/10/1999 at 09:30 AM, the next court date succeeding his arrest.

This the 8 day of Nov., 1999.

Carrie H. Kayser
~~JUDGE PRESIDING~~
Deputy Clerk

Next Court Date: 12-10-99

1-7-2000

Do not mail
Halifax Co. 11-9-99

STATE OF NORTH CAROLINA

Warren County

File No.

3718599CV0000091

In The General Court Of Justice

District Superior Court Divisor

Name of Oblige

First Name

Last Name

Michelle

Wilkins

PURGE PAYMENT TRANSMITTAL

VERSUS

Name of Obligor

First Name

Last Name

Lorenzo

Wilkins Sr

Account #: 26410

INSTRUCTIONS TO OBLIGOR:

RETAIN THIS COPY FOR YOUR RECORDS. THIS DOCUMENT MUST BE PRESENTED TO THE CLERK OF SUPERIOR COURT WHEN PAYMENT IS MADE.

Payments may be in the form of cash, certified check, or money order made payable to the Clerk of Superior Court in the county named above.

The above named Obligor has been found in civil or criminal contempt of this Court for failing to comply with a child support order. The Obligor can purge himself/herself of this contempt by paying into the office of the Clerk of Superior Court of this county the sum indicated below.

Amount

\$ 100.00

Date Payment Due

10/20/1999

Amount

\$

Date Payment Due

Amount

\$

Date Payment Due

By entry of the contempt order, the Officer of the Court has been authorized to accept and forward payments to the North Carolina Child Support Centralized Collections Operation.

Court Date

10/01/1999

Signature

Prepared by: Delphine A. Sumler

Clerk Of Court

IV-D Agent

(Check type of payment)

Purge

Lien

Bond

CLERK OF SUPERIOR COURT
NORTH CAROLINA
CHILD SUPPORT CENTRALIZED COLLECTIONS OPERATION
1000 W. WILSON ST.
Raleigh, NC 27601-1000

ck#5486 to NCCS 10-25-99

White copy - Original
Yellow copy - Sheriff
Pink copy - Non Custodial Parent
Goldenrod copy - IV-D worker

10
STATE OF NORTH CAROLINA
COUNTY OF WARREN

9907249
IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

Ret CSC

STATE OF NORTH CAROLINA
on behalf of
MICHELLE D WILKINS

Plaintiff,
vs.

ORDER FOR ARREST

LORENZO M WILKINS SR

Defendant.

15A-0578

DEFENDANT ADDRESS: 100 BROWNING LN
ROCKY MOUNT NC 27804-9057
D.O.B. [REDACTED]/1973 RACE BL
GENDER MALE DRIVER'S LICENSE [REDACTED]

TO THE SHERIFF OF WARREN COUNTY.

You are hereby ordered to take into custody the person of LORENZO M WILKIN to be found at the above address, for failing to appear before this Court on 10/01/1999, as ordered to show why he/she should not be held in contempt for failing to comply with the Orders of the Court.

You are further ordered to notify the WARREN County Child Support Enforcement Office at (252) 257-1165 upon arrest or upon the inability to execute the order prior to its return to the court file.

This Defendant is ordered held until the Defendant pays a cash bond or a cash bond is posted in the Defendant's name in the amount of \$ 800.00 , guaranteeing his appearance on the next setting of his/her case. This must be a cash appearance bond and the Defendant must appear in courtroom , of the WARREN County Clerk of Superior Court on 11/05/1999 at 09:30 o'clock AM, the next court date succeeding the posting of bond. With the consent of the person posting the bond, the cash appearance bond may be paid over to the Clerk of Superior Court for WARREN County and applied toward Defendant's arrears which have accrued under the prior orders of this Court.

If the Defendant does not post bond for his release, he shall be brought to courtroom on 11/05/1999 at 09:30 AM, the next court date succeeding his arrest.

This the 6 day of Oct., 1999.
Curcio H. Royster
~~JUDGE PRESIDING~~
Deputy Clerk

Next Court Dates: 11-5-99
12-10-99

SHERIFF'S RETURN

() The foregoing Order was executed on _____ day of _____, _____ by taking the named Obligor into lawful custody.

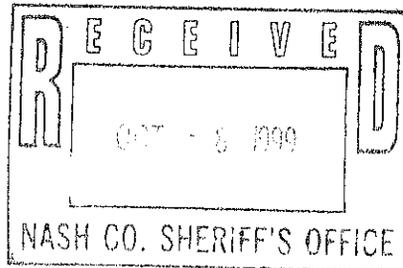
(X) The foregoing Order was returned unexecuted for the following reason: _____

Returned Per Warren Co. Clerk's office

This the 21st day of October, 99.

SHERIFF OF Nash COUNTY, NC

BY: J.L. Shewell
Deputy



FILED

BY _____
OCT 22 AM 9:57
MARLIN COUNTY, C.S.C.

STATE OF NORTH CAROLINA
COUNTY OF WARREN

Ret CSC 990 06/19/99
IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CVD000091
IV-D # 0002526519

STATE OF NORTH CAROLINA)
on behalf of)
MICHELLE D WILKINS)
Plaintiff,)
vs.)
LORENZO M WILKINS SR)
Defendant.)

ORDER TO APPEAR AND SHOW
CAUSE FOR FAILURE TO COMPLY
SUPPORT ORDER AND ORDER TO
PRODUCE RECORDS

Name and address of supporting party	Employer name and address
LORENZO M WILKINS SR <i>off Remington</i> 100 BROWNING LN <i>off Fenner to</i> ROCKY MOUNT NC 27804-9057	
Social Security Number: [REDACTED] Driver's License: [REDACTED]	

TO THE SUPPORTING PARTY NAMED ABOVE:

The undersigned finds that there is probable cause to believe that you are in contempt for failure to comply with the order(s) of this Court and/or you have failed to comply with other provisions of the order indicated below. Your account is now in arrears in the amount indicated below. Additional payments may be due prior to the hearing date.

YOU ARE ORDERED to appear in person at the place, date and time indicated below to show cause why you should not be subject to income withholding or held in contempt of court for failing to comply with the lawful orders of this Court. The Court may order income withholding if you are delinquent in an amount equal to the support for one month. If income withholding is ordered, it will apply to your current employer and all subsequent employers and will be continued until terminated pursuant to G.S.110-136.10. If income withholding is not an available or adequate remedy, the Court may proceed with contempt, impose a lien or require you to post a bond, or use other available remedies allowed by law. If the Court finds you in civil contempt, you may be committed to jail for as long as the civil contempt continues. If the Court finds you in criminal contempt, you may be fined up to \$500, imprisoned for up to 30 days, or both.

YOU ARE FURTHER ORDERED to bring with you all records and information relating to your employment and the amount and source of your disposable income. **FAILURE TO APPEAR OR FAILURE TO BRING THESE RECORDS AND INFORMATION WILL BE GROUNDS FOR CONTEMPT.**

PLACE: WARREN COUNTY COURTHOUSE MAIN STREET WARRENTON, NC 27589	DATE: 10/01/1999	TIME: 09:30 AM
---	------------------	----------------

TOTAL AMOUNT PAST DUE SUPPORT: \$770.00 AS OF 08/27/1999
TOTAL AMT DUE UNDER TERMS OF LAST ORDER: \$0.00 AS OF 08/27/1999
DATE OF SUPPORT ORDER: 07/09/1999

Notice to Sheriff: This Order must be returned to the Clerk no later than this date: _____
Date: *8/30/99* Signature: *Richard E. Humley*
asst CSC CSC Dist court judge _____

RETURN OF SERVICE

I certify that this ORDER TO SHOW CAUSE WAS RECEIVED AND SERVED AS FOLLOWS:

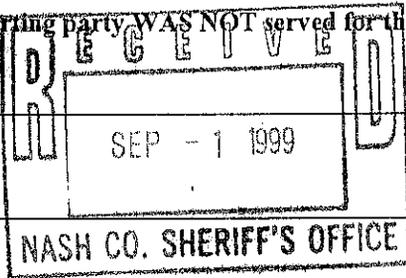
Date Served: <i>9-2-99</i>	Name of Supporting Party: <i>LORENCO WILKIN SR.</i>
-------------------------------	--

- By delivering to the supporting party named above a copy of this Order.
- By leaving a copy of this Order at the dwelling house or usual place of abode of the supporting party named above with a person of suitable age and discretion then residing therein.

Name and address of person with whom copies left:
Mabelle Wilkins

The supporting party WAS NOT served for the following reason:

Date received: <i>SEP - 1 1999</i>	Name of Sheriff: <i>Jimmy Grimes</i>
Date of return: <i>SEP 2 1999</i>	County: <i>Nash</i>
Service Fee: <input type="checkbox"/> paid <input type="checkbox"/> due	Deputy Sheriff Making Return: <i>D. J. Wood</i>



FILED
SEP - 2 1999
NASH COUNTY, VA

STATE OF NORTH CAROLINA
COUNTY OF WARREN

99 9 20
YEAR FILE
IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

FILED

DOCKET # 99CVD000091
IV-D # 0002526519

STATE OF NORTH CAROLINA)
on behalf of)
MICHELLE D. WILKINS)
SSN# [REDACTED])
Plaintiff,)
vs.)
LORENZO M WILKINS SR)
SSN# [REDACTED])
Defendant.)

SEP 14 PM 3:55
WARREN COUNTY, C.S.C.
BY ORDER

THIS MATTER came on for hearing and was heard by the undersigned Judge presiding over the District Court of WARREN County, North Carolina on July 09, 1999 upon Plaintiff's Petition for:

Civil Complaint For Past Public Assistance

Based Upon The Evidence The Court Finds As Fact:

1. This matter and these parties are properly before this court.
2. The Child Support Agency was represented by MARVIN P ROOKER
3. All actions to establish or enforce a duty of support shall be brought in the name of the County on behalf of the public assistance recipient or non-recipient client.
4. The following has been paid on behalf of the child(ren) in this matter and has accrued as a debt owed by the Defendant:
\$770.00 in past public assistance.
5. That when the Obligor's income has been verified by the agency, this order can be enforced by immediate income withholding without further notice to the obligor since the obligor has waived advance notice to implementing income withholding under the terms of this order.

BASED UPON THE FOREGOING, THE COURT CONCLUDES AS A MATTER OF LAW:

1. The Court has jurisdiction over the parties and subject matter in this action.
2. LORENZO M WILKINS SR was properly served and notified of this hearing.
3. Defendant is the father of the child(ren) in this matter.
4. Defendant is the responsible parent who has the legal duty to provide support for the child(ren) in this matter.
5. Defendant owes:
\$770.00 in past public assistance.

(Continued)

IT IS NOW THEREFORE ORDERED, ADJUDGED, AND DECREED:

1. Obligor shall pay:
plus \$50.00 per MONTH toward arrears of
\$770.00 beginning 08/01/1999,
to be paid to the WARREN County Clerk of Superior Court
and remitted by the clerk to the N.C. Department of Human Resources
for proper disbursement.
2. That when the Obligor's income has been verified by the agency, this order can be enforced by immediate income withholding without further notice to the Obligor since the Obligor has waived advance notice to implementing income withholding under the terms of this order.
3. That child support payments shall continue after the child(ren)'s 18th birthday and until the child graduates, otherwise ceases to attend school on a regular basis, fails to make satisfactory academic progress towards graduation or reaches age 20, pursuant to N.C.G.S. § 50-13.4(c).
4. That child support payments under this Order will be subject to immediate income withholding from any payor of Obligor's disposable income. Obligor is personally responsible for making any and all payments due until income withholding goes into effect and is responsible for any payments not paid through income withholding.
5. That the custodian or custodial parent keep the non-custodial parent informed of the current residence and mailing address of the minor child(ren), unless the Court finds that violence or threats of violence have occurred which constitute domestic violence as defined in Chapter 50B of the North Carolina General Statutes.
6. Obligor shall keep the WARREN County Child Support Office informed at all times of his/her current residence; mailing address; name and address of any payor or change in disposable income; amount and effective date of any substantial change in disposable income; and shall cooperate fully in verifying the amount of his/her disposable income.

(Continued)

7. The Obligor shall be subject to administrative offset of State and Federal income tax refunds.

This the 10th day of Sept, 1999


DISTRICT COURT JUDGE PRESIDING

Law Enforcement Return

Date Received: _____ Date Executed: _____

Served: Yes _____; No _____ By: _____

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

JUL 14 1999

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:
 Lowes of Rocky Mount 547
 700 N Wesleyan Blvd.
 Rocky Mount, NC 27804

4a. Article Number
2 460 906 376

- 4b. Service Type
- Registered
 - Express Mail
 - Return Receipt for Merchandise
 - Certified
 - Insured
 - COD

7. Date of Delivery
7 22 99

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Shelba Kicke

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

FILED

State North Carolina
Co./City/Dist. of WARREN
Date of Order/Notice 07/09/1999
Court/Case Number 3718599CVD000091

X Original Order/Notice
Amended Order/Notice
Terminate Order/Notice

99 JUL 12 AM 9:26

WARREN COUNTY

560578072
Employer/Withldr's Federal EIN Number) RE: WILKINS, LORENZO M
LOWES OF ROCKY MOUNT 547)
Employer/Withholder's Name) Employee/Obligor's Name (L, F, M)
700 N WESLEYAN BLVD) SSN:
Employer/Withholder's Address) Employee/Obligor's SSN
ROCKY MOUNT NC 27804) IV-D Case No. 0002526519
Employee/Obligor's Case Identifier
WILKINS, MICHELLE D
Custodial Parent's Name (L, F, M)

Child(ren)'s Name(s): LORENZO M WILKINS
DOB
Child(ren)'s Name(s): CHASADEE D WILKINS
DOB

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from NC. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until otherwise noticed, even if the Order/Notice is not issued by your state.

() If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment.

per in current support
\$50.00 per month in past-due support arrears 12 wks or greater? () yes () no
per in medical support
per in medical support arrears
per in other misc support
for a total of \$50.00 per month to be forwarded to the payee below.

8/1-99

You do not have to vary your pay cycle to be in compliance with support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$11.54 per weekly pay period. \$25.00 per semimonthly pay period (twice a month).
\$23.08 per biweekly pay period (every two weeks). \$50.00 per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring fourteen working days after the date of this Order/Notice. Send payment within seven working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of your employee for the allowable amount. The total withheld amount, including your fee, cannot exceed 40.00% of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed. SEE#9

When remitting payment provide the paydate/date of withholding and the case identifier 3718599CVD000091.
If remitting by EFT/EDI, use this FIPS code: SEE #10 ; Bank routing code: SEE #10
Bank account number: SEE #10

Make it payable to: WARREN County Clerk of Court

Send check to: WARREN COUNTY COURTHOUSE
PO BOX 709
WARRENTON NC 27589

Authorized by Cynthia Cheek-Perry
Print Name CYNTHIA CHEEK-PERRY
(252) 257-1165

DSS-4702
CSE/ACTS

CASE # 0002526519
PAGE # 01

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

() If checked you are required to provide a copy of this form to your employee.

- 1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the requesting agency listed below.
- 2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 3. *** Reporting the Paydate/date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.
- 4. *** Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to withhold income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (SEE #9 below).
- 5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this order/notice to the agency identified below.
 EMPLOYEE'S/OBLIGOR'S NAME: LORENZO M WILKINS SR
 EMPLOYEE'S CASE IDENTIFIER: 0002526519 DATE OF SEPARATION:
 LAST KNOWN HOME ADDRESS:
 NEW EMPLOYER'S ADDRESS:
- 6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
- 7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law.

- 8. **Anti-discrimination:** You are subject to a fine determined under state law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

- 9. *** Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as : State, Federal, local taxes; Social Security taxes; and Medicare taxes.
- 10. If you want to utilize EFT/EDI for submitting Income Withholding, please contact the EFT Coordinator at (919) 571-4114, ext. 242.

***NOTE:** If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

Requesting Agency WARREN County Child Support Enforcement Agency
 WARREN COUNTY
 PO BOX 694
 WARRENTON NC 27589

If you or your employee/obligor have any questions, contact: CYNTHIA CHEEK-PERRY
by telephone at (252) 257-1165 or by FAX at _____ or
by Internet

DSS-4702
CSE/ACTS

CASE # 0002526519
PAGE # 02

9903658

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STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

117 17 99

DOCKET # 990091
IV-D # 0002526519
MPI # 0002526515
FILM #

<i>Plaintiff</i> State of North Carolina on behalf of MICHELLE D WILKINS VERSUS	APPLICATION, SUMMONS, AND ORDER TO SHOW CAUSE - CHILD SUPPORT <i>G.S.110-132(b)</i>
<i>Defendant</i> LORENZO M WILKINS SR 100 BROWNING LN ROCKY MOUNT NC 27804-9057	<i>Defendant's Employer</i>

I, the undersigned applicant, request the Court to issue an Order for the defendant named above, a responsible parent, to appear and show cause, if any, why the Court should not enter an order for support. The paternity of these children has been acknowledged by the defendant and affirmed by the natural mother and the defendant has failed to sign a voluntary support agreement.

NAME OF CHILD/Date of Birth	ADDRESS
LORENZO M WILKINS [REDACTED]	(Not Available)
CHASADEE D WILKINS [REDACTED]	(Not Available)
<i>Date</i> 05/11/1999	<i>Signature of Applicant</i>
<i>County of Applicant</i> WARREN	<i>Name of Applicant (Print or Type)</i> MARVIN P ROOKER Attorney for N.C. Dept. of Human Resources Child Support Enforcement

SUMMONS AND ORDER TO APPEAR AND SHOW CAUSE

TO THE DEFENDANT NAMED ABOVE:

You are Summoned and Notified to appear at the place, date and time set out below to defend yourself in this action and show cause, if any, why the Court should not enter an Order for the care and support of the dependent child or children named above.

<i>Place</i>	<i>Date to Appear</i>	<i>Time</i>
WARREN COUNTY COURTHOUSE WARRENTON NC 27589	07/09/1999	09:30 AM

If you fail to appear in Court as Ordered above, the plaintiff will apply to the Court for an Order for Support in accordance with North Carolina law.

<i>Date Issued</i> 5-12-99	<i>Time</i> 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<i>Signature</i> Richard E. Hentz	
<input type="checkbox"/> Assistant CSC <input checked="" type="checkbox"/> Clerk of Superior Court	

RETURN OF SERVICE

I certify that this Order was received and served as follows:

Date served	Name of defendant
5-24-99	Lerezo M. Williams Sr.
<input checked="" type="checkbox"/> By delivering to the defendant named above a copy of this order <input type="checkbox"/> By leaving a copy of this Order at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.	
Name of person with whom copy left	
Address where copy delivered or left	
Date accepted	Signature of defendant
<input type="checkbox"/> Other manner of service (specify)	
<input type="checkbox"/> Defendant WAS NOT served for the following reason:	
Service Fee Paid	Date received
\$	MAY 24 1999
By	County
	Nash
	Deputy Sheriff making return
	Jimmy Grimes
	Nash Co. Sheriff's Office

FILED
 MAY 20 AM 9:07
 WARREN COUNTY, C.S.C.

RECEIVED
 MAY 24 1999
 NASH CO. SHERIFF'S OFFICE

FILED
 99 MAY 28 AM 9:04
 WARREN COUNTY, C.S.C.

9903759

RetASC

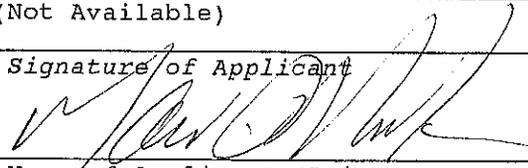
STATE OF NORTH CAROLINA
COUNTY OF WARREN

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 99CW091
IV-D # 0002526519
MPI # 0002526515
FILM #

Plaintiff State of North Carolina on behalf of MICHELLE D WILKINS VERSUS	APPLICATION, SUMMONS, AND ORDER TO SHOW CAUSE - CHILD SUPPORT
Defendant LORENZO M WILKINS SR 100 BROWNING LN ROCKY MOUNT	Defendant's Employer G.S.110-132(b) NC 27804-9067

I, the undersigned applicant, request the Court to issue an Order for the defendant named above, a responsible parent, to appear and show cause, if any, why the Court should not enter an order for support. The paternity of these children has been acknowledged by the defendant and affirmed by the natural mother and the defendant has failed to sign a voluntary support agreement.

NAME OF CHILD/Date of Birth	ADDRESS
LORENZO M WILKINS	(Not Available)
CHASADEE D WILKINS	(Not Available)
Date	Signature of Applicant
04/28/1999	
County of Applicant	Name of Applicant (Print or Type)
WARREN	

Marvin P. Proctor, Attorney
for N.C. Dept. of Human Resources
Child Support Enforcement

BY _____
99 MAY 25 AM 7:05
WARREN COUNTY/C.S.O.
FILED

9905444

SUMMONS AND ORDER TO APPEAR AND SHOW CAUSE

TO THE DEFENDANT NAMED ABOVE:

You are Summoned and Notified to appear at the place, date and time set out below to defend yourself in this action and show cause, if any, why the Court should not enter an Order for the care and support of the dependent child or children named above.

<i>Place</i>	<i>Date to Appear</i>	<i>Time</i>
WARREN COUNTY COURTHOUSE WARRENTON NC 27589	06/11/1999	09:30 AM

If you fail to appear in Court as Ordered above, the plaintiff will apply to the Court for an Order for Support in accordance with North Carolina law.

<i>Date Issued</i> 5-17-99	<i>Time</i> 5:00 () AM (X) PM
<i>Signature</i> Richard E. Hentley	
() Assistant CSC (X) Clerk of Superior Court	

RETURN OF SERVICE

I certify that this Order was received and served as follows:

Date served 5-26-99	Name of defendant LORENZO M WILKINS SR.
-------------------------------	---

- By delivering to the defendant named above a copy of this order
- By leaving a copy of this Order at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.

Name of person with whom copy left

Address where copy delivered or left

Date accepted	Signature of defendant
---------------	------------------------

Other manner of service (specify)

Defendant WAS NOT served for the following reason:

FILED
 99 MAY 28 AM 9:04
 WARREN COUNTY, O.S.C.
 BY _____

Service Fee Paid	Date (received)	Name of sheriff	
\$	MAY 25 1999	Jimmy Grimes	
By	5-26-99	Nash	
	NASH CO. SHERIFF'S OFFICE	Sheriff making return	D. Adams

**STATE OF NORTH CAROLINA
COUNTY OF WARREN**

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION

DOCKET # 9900D91
IV-D # 0002526519
MPI # 0002526515
FILM # 99-9-20

<p><i>Plaintiff</i> State of North Carolina on behalf of</p> <p><u>MICHELLE D WILKINS</u> VERSUS</p>	<p>APPLICATION, SUMMONS, AND ORDER TO SHOW CAUSE - CHILD SUPPORT</p> <p style="text-align: right;"><i>G.S.110-132(b)</i></p>
<p><i>Defendant</i> LORENZO M WILKINS SR PO BOX 6675</p> <p>ROCKY MOUNT NC 27802-6675</p>	<p><i>Defendant's Employer</i></p>

I, the undersigned applicant, request the Court to issue an Order for the defendant named above, a responsible parent, to appear and show cause, if any, why the Court should not enter an order for support. The paternity of these children has been acknowledged by the defendant and affirmed by the natural mother and the defendant has failed to sign a voluntary support agreement.

NAME OF CHILD/Date of Birth	ADDRESS
LORENZO M WILKINS [REDACTED]	(Not Available)
CHASADEE D WILKINS [REDACTED]	(Not Available)
<i>Date</i> 03/04/1999	<i>Signature of Applicant</i>
<i>County of Applicant</i> WARREN	<i>Name of Applicant (Print or Type)</i> Marvin P. Rooker, Attorney for N.C. Dept. of Human Resources Child Support Enforcement

SUMMONS AND ORDER TO APPEAR AND SHOW CAUSE

TO THE DEFENDANT NAMED ABOVE:

You are Summoned and Notified to appear at the place, date and time set out below to defend yourself in this action and show cause, if any, why the Court should not enter an Order for the care and support of the dependent child or children named above.

<i>Place</i>	<i>Date to Appear</i>	<i>Time</i>
WARREN COUNTY COURTHOUSE WARRENTON NC 27589	05/07/1999	09:30 AM

If you fail to appear in Court as Ordered above, the plaintiff will apply to the Court for an Order for Support in accordance with North Carolina law.

<i>Date Issued</i> 3-10-1999	<i>Time</i> 11:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<i>Signature</i> Richard E. Hentley	
<input type="checkbox"/> Assistant CSC <input checked="" type="checkbox"/> Clerk of Superior Court	

RETURN OF SERVICE

I certify that this Order was received and served as follows:

<i>Date served</i>	<i>Name of defendant</i>
--------------------	--------------------------

- () By delivering to the defendant named above a copy of this order
- () By leaving a copy of this Order at the dwelling house or usual place of abode of the defendant named above with a person of suitable age and discretion then residing therein.

Name of person with whom copy left

Address where copy delivered or left

<i>Date accepted</i>	<i>Signature of defendant</i>
----------------------	-------------------------------

() Other manner of service (specify)

() Defendant WAS NOT served for the following reason:

<i>Service Fee Paid</i>	<i>Date (received)</i>	<i>Name of sheriff</i>
\$		
<i>By</i>	<i>Date of return</i>	<i>County</i>
		<i>Deputy Sheriff making return</i>