

_____ County

Name Of Plaintiff			
VERSUS			
Name Of Defendant			
Name And Address Of Obligor			
Social Security No. Of Obligor	Date Of Birth	Race	Sex

**ORDER AUTHORIZING
REINSTATEMENT OF OBLIGOR'S
LICENSING PRIVILEGES**

G.S. 50-13.12; 110-142.2

The Court makes the following findings of fact and conclusions of law based on the record and the evidence presented.

FINDINGS

- This matter is before the Court on the obligor's petition for reinstatement of licensing privileges. Proper notice of the hearing on this petition was given to the obligee.
- The following licensing privileges of the obligor were revoked by the Court on _____ (date) pursuant to G.S. 50-13.12 or G.S. 110-142.2 based on the obligor's willful failure to pay court-ordered child support.
 Hunting _____ Fishing _____ Trapping _____
 Driving (effective 12/1/96) Other (specify) _____
- The obligor has agreed to continue to pay the full amount of his/her current child support obligation as it becomes due and to pay over time the full amount of the delinquent support that he/she owes.

CONCLUSION

Based on the foregoing Findings, the Court, in the exercise of its discretion, concludes that some or all of the obligor's licensing privileges should be reinstated under G.S. 50-13.12(d) or G.S. 110-142.2(e).

ORDER

It is hereby ORDERED that:

- The following licensing privileges of the obligor are hereby REINSTATED and, upon receipt of this Order, the appropriate licensing board shall reinstate the obligor's license if the obligor is otherwise eligible for a license and meets any other requirements of law regarding reinstatement of his/her licensing privileges.

Type(s) of License	License Number(s)	Name And Address Of Issuing Agency
<input type="checkbox"/> Hunting _____		N. C. Wildlife Resources Commission, Archdale Bldg., 512 N. Salisbury St., Raleigh, NC 27604
<input type="checkbox"/> Fishing _____		N. C. Wildlife Resources Commission, Archdale Bldg., 512 N. Salisbury St., Raleigh, NC 27604
<input type="checkbox"/> Trapping _____		N. C. Wildlife Resources Commission, Archdale Bldg., 512 N. Salisbury St., Raleigh, NC 27604
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Occupational, Business or Professional		
<input type="checkbox"/> Driving (effective 12/1/96)		N. C. Division of Motor Vehicles, 1100 New Bern Ave., Raleigh, NC 27697
<input type="checkbox"/> Motor Vehicle Registration (effective 12/1/96, N-D only)		N. C. Division of Motor Vehicles, 1100 New Bern Ave., Raleigh, NC 27697

This reinstatement is subject to the following terms and conditions. First, that the obligor shall continue to pay current child support in the amount shown below. Second, that the obligor shall pay the full amount of the arrearage owed under said order by making additional payments as shown below and continuing until all arrearages under said order are paid.

Amount Of Current Support Obligation \$	Additional Payment On Delinquency \$ (Beginning Date)	Total Amount Due \$
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify)		

2. A true copy of this Order constitutes the "certification" referred to in G.S. 50-13.12(d) and G.S. 110-142.2(e), (f), and (g). The Clerk or IV-D agency shall provide a copy of this Order to the obligor. Upon request of the obligor, the Clerk or IV-D agency shall mail a copy of this certification to the appropriate agency.

Date Order Entered (if different from date signed)	Date Signed
Name Of Presiding Judge (Type Or Print)	Signature Of Presiding Judge

CERTIFICATION

I certify that this is a true copy of an original order on file in the office of the Clerk of Superior Court.

Date Of Certificate	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> IV-D Agency
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CERTIFICATE OF MAILING

At the request of the obligor, a copy of this Order was mailed by first class mail on the date shown below to the agency(ies) shown on the reverse side.

Date Of Mailing	Signature
Date Of Certificate	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> IV-D Agency