

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Name And Address Of Defendant (Third Party Plaintiff)

**CIVIL SUMMONS
THIRD PARTY**

THIRD PARTY ALIAS AND PLURIES SUMMONS

G.S. 1A-1, Rules 3, 4, 14

VERSUS

Third Party Defendant

Date Original Third Party Summons Issued

Date(s) Subsequent Summons(es) Issued

TO:

TO:

Name And Address Off Third Party Defendant 1

Name And Address Off Third Party Defendant 2

A civil action has been commenced and the defendant in that action claims that you are or may be liable to him/her for all or part of the plaintiff's claim against him/her!

You are notified to appear and answer the third party complaint of the defendant (third party plaintiff), as follows:

1. Serve a copy of your written answer to the third party complaint of the defendant (third party plaintiff) or his/her attorney within thirty (30) days after you have been served. You may serve your answer by delivering a copy to him/her or by mailing it to this/her last known address, and
2. File the original of the written answer with the Clerk of Superior Court of the county named above.

If you fail to answer the third party complaint, the the defendant (third party plaintiff) will apply to the Court for the relief demanded in the third party complaint.

Name And Address Of Defendant (Third Party Plaintiff) or Attorney

Date Issued

Time Served

AM PM

Signature

Deputy CSC Assistant CSC Clerk Of Superior Court

ENDORSEMENT

This Third Party Summons was originally issued on the date indicated above and returned not served. At the request of the defendant (third party plaintiff), the time within which this Third Party Summons must be served is extended thirty (30) days.

Date Of Endorsement

Signature

Time

AM PM

Deputy CSC Assistant CSC Clerk Of Superior Court

RETURN OF SERVICE

I certify that this Third Party Summons and a copy of the third party complaint were received and served as follows:

THIRD PARTY DEFENDANT 1

| | | |
|--------------------|---|--------------------------|
| <i>Date Served</i> | <i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM | <i>Name Of Defendant</i> |
|--------------------|---|--------------------------|

By delivering to the third party defendant named above a copy of this Third Party summons and third party complaint.

By leaving a copy of this Third Party Summons and the third party complaint at the dwelling house or usual place of abode of the third party defendant named above with a person of suitable age and discretion then residing therein.

As the third party defendant is a corporation, service was effected by delivering a copy of this Third Party Summons and third party complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

Other manner of service (*specify*)

Third Party Defendant WAS NOT served for the following reason:

THIRD PARTY DEFENDANT 2

| | | |
|--------------------|---|--------------------------|
| <i>Date Served</i> | <i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM | <i>Name Of Defendant</i> |
|--------------------|---|--------------------------|

By delivering to the third party defendant named above a copy of the Third Party Summons and third party complaint.

By leaving a copy of this Third Party Summons and the third party complaint at the dwelling house or usual place of abode of the third party defendant named above with a person of suitable age and discretion then residing therein.

As the third party defendant is a corporation, service was effected by delivering a copy of the Third Party Summons and third party complaint to the person named below.

Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)

Other manner of service (*specify*)

Defendant WAS NOT served for the following reason.

| | |
|--------------------------|--|
| <i>Service Fee</i> \$ | <i>Signature Of Deputy Sheriff Making Return</i> |
|--------------------------|--|

| | |
|----------------------|--|
| <i>Date Received</i> | <i>Name Of Sheriff (Type Or Print)</i> |
|----------------------|--|

| | |
|-----------------------|--------------------------|
| <i>Date Of Return</i> | <i>County Of Sheriff</i> |
|-----------------------|--------------------------|