

STATE OF NORTH CAROLINA

COUNTY OF _____

IN THE OFFICE OF
ADMINISTRATIVE HEARINGS
FILE NO. _____

Attorney:

State Bar No:

Address:

Telephone:

**SECURE LEAVE
FORM**

(26 NCAC 03.0119)

Notice: Secure Leave shall consist of one or more calendared weeks, but in any event shall not consist of more than three (3) calendared weeks during any calendar year.

STATEMENT OF ATTORNEY

I hereby certify that the secure leave period designated below is not being designated for the purpose of delaying, hindering or interfering with the timely disposition of any matter in any pending action or proceeding.

I further certify that no action or proceeding in which I have entered an appearance has been scheduled, peremptorily set or noticed for trial, hearing, deposition or other proceeding during the designated leave period.

DESIGNATED SECURE LEAVE DATES

Beginning of Secure Leave (date)

Ending of Secure Leave (date)

Indicate any previously designated Secure Leave periods during the current calendar year that have previously been designated pursuant to 26 NCAC 03.0119:

Beginning of Secure Leave (date)

Ending of Secure Leave (date)

This Secure Leave notification **must be filed no later than ninety (90) days before the beginning of the secure leave period** and before any hearing, deposition or other regularly scheduled matter, peremptorily set or noticed for a time during the designated secure leave period.

Date:

Attorney:

NOTICE TO ATTORNEY: Should any matter be set during your Secure Leave Period, you are required to serve notice on the Office of Administrative Hearings and the parties of record to the matter. This notice shall contain the following: (1) a copy of this form, (2) the case name and number, and (3) a certificate of service.