COUNTY OF MECKLENBURG

Attorney Name					
Address					
			SECUI	RE LE	AVE FORM
Telephone Number					
State Bar Number					
Notice: Secure Leave shall consis	t of one or			A Rules of Appellate Procedure ist of more than three (3)	
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.					
		Statemen	t 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 actio Peremptorily set or noticed f period.	-	_			
		Designated Secure Leave Dates			
Indicate the dates you are noticing as Secure Leave Dates					
Monday	Beginning Date				Ending Date
			Until Friday		
Indicate any previously designated Secure Leave periods during the current calendar year that have previously been designated pursuant to Rule 26 and Rule 3A of the Rules of Appellate Procedure:					
Beginning Date			Ending Date		
This Secure Leave Notification must be filed not later than ninety (90) days before the beginning of the secured leave period and before any trial, hearing deposition or other matter has been regularly scheduled, peremptorily set or noticed for a time during the designated secure leave period.					
Date					
Attorney Signature					
This form is required to be filed in each of the following offices if the attorney has entered an appearance of record as follows: (please check the offices filed.)					
☐ District Attorney [Criminal cases] ☐ TCA – Caseflow Management Division [Civil cases]					
☐ Clerk of Superior Court (Special Proceeding/Estate cases) ☐ TCA - Family Court Director [Domestic/Juvenile cases]					
NOTICE TO ATTORNEY: Should any matter be set during your Secure Leave Period, you are required to service notice on the official calendaring the matter, and the parties of record to the matter. This Notice shall contain the following: (1) A copy of this form (2) The case number and name of case set (3) A certificate of service.					