

# STATE OF NORTH CAROLINA

## IN THE MATTER OF RECORDING OF DEATH OR SERIOUS BODILY INJURY SOUGHT BY:

## REQUEST TO LAW ENFORCEMENT AGENCY TO DISCLOSE RECORDING OF DEATH OR SERIOUS BODILY INJURY

G.S. 132-1.4A(b1), (b2)

Name Of Requestor

Address Of Requestor

Name And Address Of Law Enforcement Agency With Custody Of Recording Depicting  
Death Or Serious Bodily Injury

Requestor Telephone No. (optional)

Requestor Email Address (optional)

I, the above-named requestor, seek disclosure from the above-named law enforcement agency of a recording of death or serious bodily injury. In support of this request I state the following:

1. I have reason to believe that the law enforcement agency named above has custody of a recording of death or serious bodily injury of  
(name deceased or injured individual) \_\_\_\_\_.
2. I am  the injured individual from that recording  a personal representative of the deceased individual from that recording.  
 a personal representative of the injured individual from that recording.
3. The requested recording may be identified by the following:

(Include date and approximate time of activity captured in the recording, or otherwise identify the activity with particularity sufficient to identify the recording at issue.)

**NOTE TO REQUESTOR:** If the recording of death or serious bodily injury is disclosed, it may not be recorded, copied, or knowingly disseminated. Any person who willfully records, copies, or attempts to record or copy a recording disclosed pursuant to G.S. 132-1.4A(b1) shall be guilty of a Class 1 misdemeanor. Any person who knowingly disseminates a recording or a copy of a recording disclosed pursuant to G.S. 132-1.4A(b1) is guilty of a Class 1 felony. G.S. 132-1.4A(b4).

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Name Of Person Authorized To Administer Oaths (type or print)	Signature Of Requestor
<input type="checkbox"/> Notary	Signature Of Person Authorized To Administer Oaths	Name Of Requestor (type or print)
<b>SEAL</b>	Date Of My Commission Expires	County Where Notarized
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Magistrate		<b>NOTE TO REQUESTOR:</b> The signed and notarized original of this form should be submitted to the law enforcement agency named above. This is not a form that is filed with the court.

### To the head of the above-named law enforcement agency:

Within three days of your agency's receipt of a signed and notarized copy of this form, your agency MUST:

1. File a petition in the superior court in any county where any portion of the recording of death or serious bodily injury was made, for issuance of a court order regarding disclosure of the recording requested to be disclosed (**NOTE:** Form AOC-CV-276, *Petition For Review Of Request To Disclose Recording Of Death Or Serious Bodily Injury*, may be used by your agency to petition the court.), and
2. Deliver a copy of your agency's petition and an unedited and unredacted copy of the recording in question to the senior resident superior court judge for the district where the petition is filed or that senior resident superior court judge's designee.