

# STATE OF NORTH CAROLINA DEPARTMENT OF THE SECRETARY OF STATE

Certification and Filing Division
Office of Notary Investigations and Enforcement
P.O. BOX 29626
RALEIGH, NC 27626-0626
PHONE: 919-814-5400 FAX: 919-807-2210
Website Address: WWW.SOSNC.GOV

# NOTICE OF NOTARY INVESTIGATION FORM

## FOR LAW ENFORCEMENT AGENCY USE ONLY

The Department of the Secretary of State has the authority to investigate complaints of allegations or appearances of violations of Chapter 10B of the North Carolina General Statutes, any rule adopted or any order issued pursuant to this Chapter.

#### **INSTRUCTIONS**

AGENCY NAME: ADDRESS:

Any Law Enforcement Agency conducting an investigation involving alleged violations of the Notary Act is requested to complete and submit the following complaint form to the Notary Enforcement Section of the Department of the Secretary of State.

**Special Note:** In addition to filing this complaint form, Law Enforcement Agents and Officers of departments with general subject matter jurisdiction or with jurisdiction resulting from related violations of other General Statutes are encouraged to complete the investigation and pursue charges of Chapter 10B. Special Agents and/or other personnel from the Notary Enforcement Section are available to provide information (i.e., notary address, phone, work place, commission dates, etc.) and/or technical assistance as needed and will administer administrative sanctions against the notary as needed as a result of another agency's investigation.

Please submit copies of the Incident Report and any documents or other related materials along with this form.

Upon conclusion of the investigation please forward to the Notary Enforcement Section copies of statements obtained from notaries, copies of warrants, court dispositions and depositions or other court records, and any other information resulting from your agency's investigation.

### **AGENCY & INVESTIGATOR/OFFICER INFORMATION**

ARE YOU CURRENTLY INVESTIGATING THIS CASE?

CITY:	STATE:	ZIP:					
BUSINESS PHONE:		FAX NUMBER:					
LEO/INVESTIGATOR:							
OFFICE PHONE:	CELL PHONE:						
E-MAIL:							
NOTARY INFORMATION Please complete as much information about to	the notary as possi	ble					
NAME OF NOTARY:			DOB:				
ADDRESS:			SSN:				
CITY:	STATE:	ZIP:	COUNTY:				
EMPLOYER:							
ADDRESS:							
CITY:	STATE:	ZIP:					
PHONE:	FAX NUMBER:						
CELL PHONE:		E-MAIL:					
HAS AN INCIDENT REPORT BEEN COMP If YES, please attach a copy. If NO, p			ES	NO			

YES

NO

IF YOU ARE N YES	NOT CURRENTL NO	Y INVESTIGATII N/A	NG, DOES YOUR A	AGENCY PLAN TO IN	VESTIGATE THE CA	ASE?
DO YOU NEEI YES	D ASSISTANCE NO	FROM A SPECI	AL AGENT FROM	OUR DEPARTMENT	?	
If no Incident	Report will be s	sent please prov	ide information co	ncerning the victim i	in one of the spaces	below
BRIEFLY DES	SCRIBE THE CO	MPLAINT AND/O	OR VIOLATION:			
OTHER COM	MENTS OR INFO	ORMATION:				
	SIGNATURE		_		DATE	

PLEASE FORWARD COMPLETED FORM AND ALL DOCUMENTATION TO:

N. C. DEPARTMENT OF THE SECRETARY OF STATE **NOTARY ENFORCEMENT SECTION** PO BOX 29626 **RALEIGH, NC 27626-0626** 

FAX: 919-807-2210