

VERSUS		TYPE OF PLEADING	
Name And Address Of Defendant 1 Mountaire Farms, Inc. c/o CT Corporation 160 Mine Lake Court, Suite 200 Raleigh, NC 27615		Name And Address Of Attorney Or Party, If Not Represented (complete for initial appearance or change of address) Clermont Ripley North Carolina Justice Center P.O. Box 28068 Raleigh, NC 27611	
Summons Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Telephone No. 919-856-2154	Cellular Telephone No. 720-470-7482
Name And Address Of Defendant 2		NC Attorney Bar No. 36761	Attorney Email Address clermont@ncjustice.org
Summons Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Initial Appearance in Case <input type="checkbox"/> Change of Address	
Summons Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		Name Of Firm North Carolina Justice Center	
Summons Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		Fax No. 919-856-2	
Summons Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No		Counsel For <input checked="" type="checkbox"/> All Plaintiffs <input type="checkbox"/> All Defendants <input type="checkbox"/> Only: (list party(ies) repr	
<input checked="" type="checkbox"/> Jury Demanded In Pleading <input type="checkbox"/> Complex Litigation <input type="checkbox"/> Stipulate to Arbitration			
(check all that apply) <input type="checkbox"/> Amend (AMND) <input type="checkbox"/> Amended Answer/Reply (AMND-Response) <input type="checkbox"/> Amended Complaint (AMND) <input type="checkbox"/> Assess Costs (COST) <input type="checkbox"/> Answer/Reply (ANSW-Response) (see Note) <input type="checkbox"/> Change Venue (CHVN) <input checked="" type="checkbox"/> Complaint (COMP) <input type="checkbox"/> Confession Of Judgment (CNFJ) <input type="checkbox"/> Consent Order (CONS) <input type="checkbox"/> Consolidate (CNSL) <input type="checkbox"/> Contempt (CNTP) <input type="checkbox"/> Continue (CNTN) <input type="checkbox"/> Compel (CMPL) <input type="checkbox"/> Counterclaim (CTCL) Assess Court Costs <input type="checkbox"/> Crossclaim (list on back) (CRSS) Assess Court Costs <input type="checkbox"/> Dismiss (DISM) Assess Court Costs <input type="checkbox"/> Exempt/Waive Mediation (EXMD) <input type="checkbox"/> Extend Statute Of Limitations, Rule 9 (ESOL) <input type="checkbox"/> Extend Time For Complaint (EXCO) <input type="checkbox"/> Failure To Join Necessary Party (FJNP)		<input type="checkbox"/> Failure To State A Claim (FASC) <input type="checkbox"/> Implementation Of Wage Withholding In Non-IV-D Cases (OTHR) <input type="checkbox"/> Improper Venue/Division (IMVN) <input type="checkbox"/> Including Attorney's Fees (ATTY) <input type="checkbox"/> Intervene (INTR) <input type="checkbox"/> Interplead (OTHR) <input type="checkbox"/> Lack Of Jurisdiction (Person) (LJPN) <input type="checkbox"/> Lack Of Jurisdiction (Subject Matter) (LJSM) <input type="checkbox"/> Modification Of Child Support In IV-D Actions (MSUP) <input type="checkbox"/> Notice Of Dismissal With Or Without Prejudice (VOLD) <input type="checkbox"/> Petition To Sue As Indigent (OTHR) <input type="checkbox"/> Rule 12 Motion In Lieu Of Answer (MDLA) <input type="checkbox"/> Sanctions (SANC) <input type="checkbox"/> Set Aside (OTHR) <input type="checkbox"/> Show Cause (SHOW) <input type="checkbox"/> Transfer (TRFR) <input type="checkbox"/> Third Party Complaint (list Third Party Defendants on back) (TPCL) <input type="checkbox"/> Vacate/Modify Judgment (VCMD) <input type="checkbox"/> Withdraw As Counsel (WDCN) <input type="checkbox"/> Other (specify and list each separately)	
NOTE: All filings in civil actions shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings in civil actions, the filing party must include either a General Civil (AOC-CV-751), Motion (AOC-CV-752), or Court Order (AOC-CV-753) cover sheet.			

FEES IN G.S. 7A-308 APPLY

Assert Right Of Access (ARAS)

Substitution Of Trustee (Judicial Foreclosure) (RSOT)

Supplemental Procedures (SUPR)

PRO HAC VICE FEES APPLY

Motion For Out-Of-State Attorney To Appear In NC Courts In A Civil Or Criminal Matter (Out-Of-State Attorney/Pro Hac Vice Fee)

No. ☐ Additional Plaintiff(s)

No. ☐ Additional Defendant(s)☐ Third Party Defendant(s)Sum
Subr

	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes
	<input type="checkbox"/> Yes

Plaintiff(s) Against Whom Counterclaim Asserted

Defendant(s) Against Whom Crossclaim Asserted

AOC-CV-751, Side Two, Rev. 3/19

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- ☒ **Petition To Assert Claims** - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs for the prosecution of the claims I have asserted. Therefore, I now petition the Court for an order allowing me to assert my claims as an indigent.
- ☐ I am an inmate in the custody of the Division of Adult Correction and Juvenile Justice.
(NOTE TO CLERK: If this block is checked, this Petition must be submitted to a Superior Court Judge for disposition provided on the reverse.)
- ☒ **Petition To File Motions** - As a party in the above entitled action, I affirm that I am financially unable to advance the required costs to file a notice of hearing on a motion. Therefore, I now petition the Court for an order allowing me to file my motion as an indigent.
- ☐ **Petition To Appeal** - As the individual appellant in the above entitled small claims action, I affirm that I am financially unable to pay the cost for the appeal of this action from small claims to district court. Therefore, I now petition the Court for an order allowing me to appeal this action to district court as an indigent.
- ☐ **Petition To File Expunction Petition** - As the petitioner in the above entitled action, I affirm that I am financially unable to advance the required costs to file an expunction petition. Therefore, I now petition the Court for an order allowing me to file my expunction petition as an indigent.
- (check one or more of the boxes below as applicable)
- ☐ I am presently a recipient of
- ☐ Supplemental Nutrition Assistance Program (SNAP/food stamps). ☐ Temporary Assistance for Needy Families (TANF).
- ☐ Supplemental Security Income (SSI).
- ☒ I am represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons, or am represented by private counsel working on behalf of such a legal services organization. (Attach a letter from your legal services attorney or have your attorney sign the certificate below.)
- ☐ Although I am not a recipient of SNAP/food stamps, TANF, or SSI, nor am I represented by legal services, I am financially unable to advance the costs of filing this action or appeal.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date 11/23/2020
Date 11/23/2020	Signature <i>SLJ</i>	Signature Of Petitioner * <i>Anthony L Vines</i>
Title Of Person Authorized To Administer Oaths <i>Notary Public</i>		Name And Address Of Petitioner (type or print) <i>Anthony Lee Vines</i> <i>1715 nuttley Dr.</i> <i>Fayetteville NC 28303</i>
SEAL	Date Commission Expires <i>02/15/23</i>	
Shanelle Walker Notary Public Cumberland County, NC My Commission Expires 02-15-2023		

CERTIFICATE OF LEGAL SERVICES/PRO BONO REPRESENTATION	
I certify that the above named petitioner is represented by a legal services organization that has as its primary purpose the furnishing of legal services to indigent persons or is represented by private counsel working on behalf of or under the auspices of such legal service organization.	
Date	Signature <i>Carol L. Brooke</i>
Name And Address (type or print) Carol Brooke North Carolina Justice Center P.O. Box 28068 Raleigh, NC 27611	

ORDER	
Based on the Affidavit appearing above, it is ORDERED that:	
<input checked="" type="checkbox"/> the petitioner is authorized to assert claims, to appeal, or file notices of hearing or petitions in this action as an indigent.	
<input type="checkbox"/> the petition is denied.	
Date 12-1-2020	Signature <i>[Signature]</i>
<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Judge <input type="checkbox"/> Magistrate (for appeal on	

NOTE TO CLERK: If the petitioner is NOT a recipient of SNAP/food stamps, TANF, SSI or is NOT represented by legal services or a private attorney on behalf of legal services, you may ask for additional financial information to determine whether the petitioner is unable to pay the costs.

Plaintiff,)	
)	
v.)	COMPLAINT
)	(Jury Trial Demanded)
MOUNTAIRE FARMS, INC.)	
)	
Defendant.)	
)	
)	
)	
)	

INTRODUCTION

1. This is a civil action seeking damages and equitable relief from Defendant Mountaire Farms, Inc. for its unlawful retaliation against Plaintiff Anthony Vines in violation of the Retaliatory Employment Discrimination Act (“REDA”), N.C. Gen. Stat. § 95-240, *et seq.*, and for wrongful discharge of Plaintiff in violation of North Carolina public policy.

PARTIES

2. Plaintiff Anthony Vines is a resident of Robeson County, North Carolina. Plaintiff was employed at the Mountaire Farms, Inc. chicken processing facility in Lumber Bridge, North Carolina from approximately August 2018 through April 2019. During that period, Plaintiff was an “employee” of Defendant within the meaning of REDA and the common law.

3. Defendant Mountaire Farms, Inc. (“Mountaire”) is a company organized and existing under the laws of the State of North Carolina, with its registered office in Raleigh, North Carolina, and places of business in Robeson and Chatham Counties, North Carolina. Mountaire

pursuant to N.C. Gen. Stat § 95-243. Venue is proper in Wake County under N.C. Gen. Stat. §§ 1-79(a)(1) and 95-243(a) because Defendant has a registered office in and therefore resides in Wake County.

FACTS

5. The foregoing allegations are incorporated by reference herein.
6. Defendant hired Plaintiff in August of 2018 to perform manual labor in its chicken processing facility in Lumber Bridge, North Carolina.
7. Plaintiff performed his job without ever receiving any written warnings related to his performance.
8. At the time he was hired, Plaintiff filled out a medical questionnaire and disclosed orally to his supervisor, Tiffany Campbell, that he suffered from neuropathy which caused foot pain and made it difficult for him to do certain types of work.
9. Plaintiff was 53 years old when he began working for Defendant.
10. Plaintiff's supervisor, Campbell, regularly made comments to him about his age. For example, when he had difficulty operating the manual forklift because the wheels got jammed, she would remark that he was slow and old. Later, when Plaintiff worked packaging chicken tenders, she continued to comment that he was slow due to his age.

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