

# STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice  
District Court Division

\_\_\_\_\_ County

## IN THE MATTER OF:

## PETITION FOR ORDER AUTHORIZING

- PROTECTIVE SERVICES
- EMERGENCY SERVICES
- EX PARTE EMERGENCY SERVICES

## AND APPOINTMENT OF GUARDIAN AD LITEM

G.S. 108A-105, -106, 1A-1, Rule 17

Name And Address Of Respondent

Name And Address Of Petitioner

Name And Address Of Attorney For Petitioner

Telephone Number Of Petitioner

Telephone Number of Petitioner's Attorney

State Bar No.

The petitioner is the representative of the director of the county department of social services authorized to file this petition pursuant to G.S. 108A-14(a)(14) and G.S. Chapter 108A, Article 6, having sufficient knowledge to believe that the respondent is in need of protective services, alleges that:

1. The respondent is

A resident of this county or can be found in this county.

A disabled adult \_\_\_\_\_ years of age or a lawfully emancipated minor \_\_\_\_\_ years of age present in the state of North Carolina and is physically or mentally incapacitated as defined in G.S. 108A-101(d).

2. The respondent is in need of protective services due to physical or mental incapacity and unable to obtain essential services and is without a willing, able and responsible person to perform or obtain essential services as shown by the following facts:

3. The respondent lacks the capacity to consent to the provision of protective services as shown by the following specific facts:

4. Names, addresses and telephone numbers of respondent's caretaker(s):

Name And Address

Name And Address

Telephone Number

Relationship To Respondent

Telephone Number

Relationship To Respondent

5. Names, addresses and telephone numbers of others who may be able to testify to the facts supporting the petition and other persons known to have an interest in this proceeding:

Name And Address

Name And Address

Telephone Number

Relationship To Respondent

Telephone Number

Relationship To Respondent

Name And Address		Name And Address	
Telephone Number	Relationship To Respondent	Telephone Number	Relationship To Respondent

6. Petitioner, based on the allegations in the petition, asks the Court to appoint an attorney guardian ad litem to represent the respondent in this matter pursuant to G.S. 1A-1, Rule 17.

Petitioner prays the Court to hear this matter and to issue an order authorizing the provision of protective services with the petitioner authorized to provide, obtain and/or consent to essential services on behalf of the respondent.

**PETITION FOR EMERGENCY SERVICES**

**NOTE:** Do not complete unless an emergency as defined in G.S. 108A-106 exists that requires action before the Protective Services Petition as described in G.S. 108A-105 can be heard.

The petitioner, having sufficient knowledge to believe that an emergency exists, prays the Court for an Order for Emergency Services, and shows the court:

1. The respondent is a disabled adult due to \_\_\_\_\_, is in need of protective services, and lacks the capacity to consent; and
2. The petitioner has been unable to locate any other person authorized by law or order who is available and willing to consent to or arrange for emergency services; and
3. An emergency exists as shown by the following facts:

**PETITION FOR EX PARTE EMERGENCY SERVICES**

1. An emergency exists that creates a substantial likelihood the respondent may suffer irreparable injury or death if emergency protective services are not provided immediately.
2. The petitioner, in addition to the information provided above, provides the following information to show that such an emergency exists:

3. The petitioner prays the court for an ex parte emergency order.

**VERIFICATION**

Being first duly sworn, I say I have read this petition and that the same is true to my knowledge, except as to these matters alleged upon information and belief, and as to those, I believe them to be true.

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Petitioner
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
<input type="checkbox"/> Notary	Date Commission Expires	<input type="checkbox"/> Director
<b>SEAL</b>	County Where Notarized	<input type="checkbox"/> Director's Authorized Representative