STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF	PETITION FOR ORDER AUTHORIZING ☐ PROTECTIVE SERVICES ☐ EMERGENCY SERVICES ☐ EX PARTE EMERGENCY SERVICES AND APPOINTMENT OF GUARDIAN AD LITEM G.S. 1A-1, Rule 17; 108A-105, -106
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*

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)
☐ No ☐ Yes: *(explain)*

PETITION FOR PROTECTIVE SERVICES

NOTE: *If this section is completed, fill out the Caretakers, Witnesses, and Other Persons and Verification sections on the last page.*

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, and having sufficient knowledge to believe that the respondent is in need of protective services, alleges that:

1. The respondent is: ☐ a resident of _____ County, North Carolina.
   ☐ present in _____ County, North Carolina.
2. The respondent is (a) a disabled adult or a lawfully emancipated minor who is _____ years of age, (b) present in the state of North Carolina, and (c) physically or mentally incapacitated as defined in G.S. 108A-101(d):
   (include a description of the nature of the respondent's disability, if determinable)
3. The respondent is the subject of ☐ abuse as defined in G.S. 108A-101(a), ☐ neglect as defined in G.S. 108A-101(m), or ☐ exploitation as defined in G.S. 108A-101(j), as shown by the following specific facts:
4. The respondent lacks the capacity to consent to protective services as the respondent lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, as shown by the following specific facts:
5. The respondent is in need of protective services as the respondent is a person who due to the respondent's physical or mental incapacity is unable to perform or obtain essential services and is without a willing, able and responsible person to perform or obtain essential services, as shown by the following specific facts:
6. The respondent is in need of the following protective services, including essential services, which are necessary to protect the respondent from abuse, neglect, or exploitation:

☐ 7. The respondent lacks the capacity to waive the right to counsel and the petitioner 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 and rules adopted by the Office of Indigent Defense Services.

☐ **The petitioner prays the Court to hear this matter and to issue an order authorizing the provision of protective services.**

The petitioner further prays the Court order that the following individual or organization is responsible for the performing or obtaining of essential services on behalf of the respondent or otherwise is authorized to consent to protective services on the respondent's behalf: _____.

(Over)

PETITION FOR EMERGENCY SERVICES

NOTE: *Do not complete unless the conditions specified in G.S. 108A-106 exist, including that there is an emergency as defined in G.S. 108A-101(g). If this section is completed, fill out the Caretakers, Witnesses, and Other Persons and Verification sections on the last page and, when applicable, fill out the Petition for Ex Parte Emergency Services section on the last page.*

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(b) and G.S. 108A-106. The petitioner, having sufficient knowledge to believe that an emergency exists, prays the Court for an order for emergency services, and upon reasonable belief alleges that:

1. The respondent is: ☐ a resident of _____ County, North Carolina.
   ☐ present in _____ County, North Carolina.
2. The respondent is (a) a disabled adult or a lawfully emancipated minor who is _____ years of age, (b) present in the state of North Carolina, and (c) physically or mentally incapacitated as defined in G.S. 108A-101(d): *(include a description of the nature of the respondent's disability, if determinable)*

3. The respondent is the subject of ☐ abuse as defined in G.S. 108A-101(a), ☐ neglect as defined in G.S. 108A-101(m), or ☐ exploitation as defined in G.S. 108A-101(j), as shown by the following specific facts:

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

5. The respondent lacks the capacity to consent to protective services, as shown by the following specific facts:

6. An emergency as defined in G.S. 108A-101(g) exists, as shown by the following facts:

7. The respondent is in need of the following emergency services: *(include a description of the exact proposed emergency services to be rendered)*

8. There is no other person authorized by law or order to give consent for the respondent who is available and willing to consent to or arrange for emergency services.
9. The petitioner attempted to obtain the respondent's consent to services, as shown by the following facts:

☐ 10. The respondent lacks the capacity to waive the right to counsel and the 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 and rules adopted by the Office of Indigent Defense Services.

☐ **The petitioner prays the Court to hear this matter and to issue an order authorizing the provision of emergency services.**

The petitioner requests that the following emergency services be authorized by the Court:

The petitioner further prays the Court order that the following individual or organization is responsible for the performing or obtaining of emergency services on behalf of the respondent or otherwise is authorized to consent to emergency services on the respondent's behalf: _____.

(Over)

PETITION FOR EX PARTE EMERGENCY SERVICES

NOTE: *Do not complete unless the conditions identified in G.S. 108A-106 exist, including that there is an emergency as defined in G.S. 108A-101(g) and a likelihood that a disabled adult may suffer irreparable injury or death if the emergency services order is delayed. If this section is completed, fill out the Petition for Emergency Services section above and the Caretakers, Witnesses, and Other Persons and Verification sections below.*

1. The petitioner, in addition to the information provided above in the Petition for Emergency Services and incorporated herein by reference, provides the following information to show that (a) the respondent is a disabled adult who lacks the capacity to consent to services and is in need of protective services, (b) an emergency exists, and (c) no other person authorized by law or order to give consent for the respondent is available and willing to arrange for emergency services:

2. There is a likelihood that the respondent may suffer irreparable injury or death if an order for the provision of emergency services is delayed, as shown by the following facts:

3. Reasonable attempts have been made to locate interested parties and to secure emergency services from them or their consent to the petitioner's provision of emergency services, as shown by the following facts:

☐ **The petitioner prays the Court to issue an ex parte order authorizing the provision of emergency services.**

CARETAKERS, WITNESSES, AND OTHER PERSONS

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*

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*

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*
☐ *Deputy CSC* ☐ *Assistant CSC* ☐ *Clerk Of Superior Court* ☐ *Magistrate*		☐ *Director* ☐ *Director's Authorized Representative*
☐ *Notary*	*Date Commission Expires*	_____ *County Department of Social Services*
SEAL	*County Where Notarized*	

SIGNATURE OF ATTORNEY *(if applicable)*

Date	*Signature Of Attorney*	*Name And Address Of Attorney*