

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name And Address Of Respondent

Name And Address Of Petitioner

**CERTIFICATE OF SERVICE
(Adult Protective Services)**

G.S. 108A-104, -105, -106

I, the undersigned, certify that I served on each of the named persons below a copy of the order _____ and filed on (date) _____ in the above-captioned case, pursuant to Rule 5 of the Rules of Civil Procedure.

| | |
|--|-------------------|
| Name Of Respondent | Method Of Service |
| Name Of Guardian Ad Litem | Method Of Service |
| Name Of Respondent's Attorney | Method Of Service |
| Name Of Respondent's Guardian | Method Of Service |
| Name Of Respondent's Spouse | Method Of Service |
| Name Of Adult Child Or Next Of Kin (only required if respondent has no spouse) | Method Of Service |
| Name Of Adult Child Or Next Of Kin (only required if respondent has no spouse) | Method Of Service |
| Name Of Adult Child Or Next Of Kin (only required if respondent has no spouse) | Method Of Service |
| Name Of Adult Child Or Next Of Kin (only required if respondent has no spouse) | Method Of Service |
| Other (specify); | Method Of Service |

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 | Name Of Petitioner (type or print) | |
| <input type="checkbox"/> Notary | Date Commission Expires | |
| SEAL | County Where Notarized | |