

**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

**NOTICE OF HEARING  
IN ADULT PROTECTIVE SERVICES  
PROCEEDINGS**

G.S. 108A-105, -106

**To The Respondent Named Above And All Persons Named Below:**

Name And Address

Name And Address

Caretaker     Guardian     Spouse     Next Of Kin

Caretaker     Guardian     Spouse     Next Of Kin

Name And Address

Name And Address

Caretaker     Guardian     Spouse     Next Of Kin

Caretaker     Guardian     Spouse     Next Of Kin

A petition has been filed alleging you are a disabled adult in need of protective services and that you lack the capacity to consent to the provision of protective services. The county department of social services has filed a petition with this Court requesting an order authorizing protective services on your behalf.

You are hereby notified of the adult protective services hearing before a judge of the District Court to be held at the date, time and location shown below.

This hearing will determine whether:

1. You are a disabled adult as defined in G.S. 108A-101(d), and
2. You are in need of protective services due to physical or mental incapacity and unable to obtain essential services and are without a willing, able and responsible person to perform or obtain essential services for you, and
3. You lack the capacity to consent to the provision of protective services.

You have the right to be represented by an attorney at the hearing. The Court has appointed the attorney named below as guardian ad litem to represent you in this matter. You may contact this attorney at the address and telephone number shown below.

Name And Address of Appointed Attorney Guardian Ad Litem

Telephone Number Of Appointed Attorney Guardian Ad Litem

You have the right to retain an attorney of your choice at your own expense.

At the hearing, evidence will be presented as to your condition and you will be allowed to present evidence. Upon the basis of the evidence presented, the judge will decide whether to enter an order authorizing protective services on your behalf.

Date Of Hearing

Time Of Hearing

AM     PM

Location Of Hearing

Date Notice Issued

Time Notice Issued

AM     PM

Signature

Deputy CSC     Clerk Of Superior Court  
 Assistant CSC     DSS Attorney

**RETURN OF SERVICE**

I certify that this Notice Of Hearing and a copy of any petition or other paper attached hereto were served as follows:

**RESPONDENT**

|             |                              |                                |
|-------------|------------------------------|--------------------------------|
| <i>Date</i> | <i>Name Of Person Served</i> | <i>Address Where Delivered</i> |
|-------------|------------------------------|--------------------------------|

Acceptance of Service by Guardian Ad Litem.

|                             |                  |
|-----------------------------|------------------|
| <i>Name (Type Or Print)</i> | <i>Signature</i> |
|-----------------------------|------------------|

- By delivering a copy to the attorney Guardian Ad Litem of record for the person named above.
- By delivering a copy at the dwelling house or usual place of abode of the person named above with a person of suitable age and discretion then residing therein.
- By delivering a copy to the person named above.

|   |                                    |                          |
|---|------------------------------------|--------------------------|
| <i>Name Of Deputy Sheriff (Type Or Print)</i> | <i>Signature Of Deputy Sheriff</i> | <i>County Of Sheriff</i> |
|---|------------------------------------|--------------------------|

**PERSON 1**

|             |                              |                                |
|-------------|------------------------------|--------------------------------|
| <i>Date</i> | <i>Name Of Person Served</i> | <i>Address Where Delivered</i> |
|-------------|------------------------------|--------------------------------|

- By depositing a copy enclosed in post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.

|                             |                  |              |
|-----------------------------|------------------|--------------|
| <i>Name (Type Or Print)</i> | <i>Signature</i> | <i>Title</i> |
|-----------------------------|------------------|--------------|

**PERSON 2**

|             |                              |                                |
|-------------|------------------------------|--------------------------------|
| <i>Date</i> | <i>Name Of Person Served</i> | <i>Address Where Delivered</i> |
|-------------|------------------------------|--------------------------------|

- By depositing a copy enclosed in post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.

|                             |                  |              |
|-----------------------------|------------------|--------------|
| <i>Name (Type Or Print)</i> | <i>Signature</i> | <i>Title</i> |
|-----------------------------|------------------|--------------|

**PERSON 3**

|             |                              |                                |
|-------------|------------------------------|--------------------------------|
| <i>Date</i> | <i>Name Of Person Served</i> | <i>Address Where Delivered</i> |
|-------------|------------------------------|--------------------------------|

- By depositing a copy enclosed in post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.

|                             |                  |              |
|-----------------------------|------------------|--------------|
| <i>Name (Type Or Print)</i> | <i>Signature</i> | <i>Title</i> |
|-----------------------------|------------------|--------------|

**PERSON 4**

|             |                              |                                |
|-------------|------------------------------|--------------------------------|
| <i>Date</i> | <i>Name Of Person Served</i> | <i>Address Where Delivered</i> |
|-------------|------------------------------|--------------------------------|

- By depositing a copy enclosed in post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.

|                             |                  |              |
|-----------------------------|------------------|--------------|
| <i>Name (Type Or Print)</i> | <i>Signature</i> | <i>Title</i> |
|-----------------------------|------------------|--------------|