STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF	
Name And Address Of Respondent	**NOTICE OF HEARING IN ADULT PROTECTIVE SERVICES PROCEEDINGS**
Name And Address Of Petitioner	G.S. 108A-105, -106

To The Respondent Named Above And Any Guardian Named Below:

Name And Address Of Guardian (if applicable)	

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*

(Over)

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

Date	*Name Of Person Served*	*Address Where Delivered*

☐ By leaving a copy at the dwelling house or usual place of abode of the person named above with

(name) _____, a person of suitable age and discretion then residing therein.

☐ By delivering a copy to the person named above.

☐ Other manner of service:

☐ Respondent WAS NOT served for the following reason:

Name Of Deputy Sheriff (type or print)	*Signature Of Deputy Sheriff*	*County Of Sheriff*

GUARDIAN AD LITEM (GAL)

Date	*Name Of Person Served*	*Address Where Delivered*

☐ Acceptance of service.
Notice Of Hearing, petition, and any attached paper(s) received by: ☐ GAL.
☐ Other: *(type or print name)*

Date Accepted	*Signature*

☐ By leaving a copy at the dwelling house or usual place of abode of the person named above with

(name) _____, a person of suitable age and discretion then residing therein.

☐ By delivering a copy to the person named above.

☐ Other manner of service:

☐ Guardian ad litem WAS NOT served for the following reason:

Name Of Deputy Sheriff (type or print)	*Signature*	*County Of Sheriff*

GUARDIAN *(if named on Side One)*

Date	*Name Of Person Served*	*Address Where Delivered*

☐ Acceptance of service.
Notice Of Hearing, petition, and any attached paper(s) received by: ☐ Guardian.
☐ Other: *(type or print name)*

Date Accepted	*Signature*

☐ By leaving a copy at the dwelling house or usual place of abode of the person named above with

(name) _____, a person of suitable age and discretion then residing therein.

☐ By delivering a copy to the person named above.

☐ Other manner of service:

☐ Guardian WAS NOT served for the following reason:

Name Of Deputy Sheriff (type or print)	*Signature*	*County Of Sheriff*