

\_\_\_\_\_ County

**IN THE MATTER OF:**

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

G.S. 108A-106

Name And Address Of Respondent

Name And Address Of Petitioner

**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 who is in need of emergency 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 emergency protective services on your behalf. The factual basis for the belief that emergency services are needed and a description of the services to be rendered are contained in the petition, a copy of which is attached.

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.

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. Based on the evidence presented, the judge will decide whether to enter an order authorizing emergency protective services on your behalf.

Date Of Hearing	Time Of Hearing <input type="checkbox"/> AM <input type="checkbox"/> PM	Location Of Hearing
Date Notice Issued	Time Notice Issued <input type="checkbox"/> AM <input type="checkbox"/> PM	Signature <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Assistant CSC <input type="checkbox"/> 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>Name Of Person Served</i>		<i>Address Where Delivered</i>	
<i>Date</i>		<i>Time</i>	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	

Acceptance of Service by Guardian Ad Litem.

<i>Name (Type Or Print)</i>	<i>Signature</i>
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- 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>
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**PERSON 1**

<i>Date</i>	<i>Name Of Person Served</i>	<i>Address Where Delivered</i>
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- 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>
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**PERSON 2**

<i>Date</i>	<i>Name Of Person Served</i>	<i>Address Where Delivered</i>
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- 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>
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**PERSON 3**

<i>Date</i>	<i>Name Of Person Served</i>	<i>Address Where Delivered</i>
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- 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>
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**PERSON 4**

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