

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name And Address Of Respondent

Name And Address Of Petitioner

NOTICE OF HEARING IN EMERGENCY PROTECTIVE SERVICES PROCEEDINGS

G.S. 108A-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 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

☐ AM
☐ PM

Location Of Hearing

Date Notice Issued

Time Notice Issued

☐ AM
☐ PM

Signature

☐ Deputy

☐ Clerk Of Superior Court

☐ Assistant CSC

☐ Magistrate

☐ 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
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- ☐ 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
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GUARDIAN AD LITEM (GAL)

Date	Name Of Person Served	Address Where Delivered
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- ☐ 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
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GUARDIAN (if named on Side One)

Date	Name Of Person Served	Address Where Delivered
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- ☐ 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
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	CERTIFICATE OF SERVICE	
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I certify that this Notice Of Hearing and a copy of any petition or other paper attached hereto were served as follows:

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 above.

☐ 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 above.

☐ 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 above.

☐ 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 above.

☐ 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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