

\_\_\_\_\_ County

**IN THE MATTER OF:**

**CERTIFICATION TO  
FINANCIAL INSTITUTION  
AS REQUIRED BY G.S. 53B-5**

*Name And Address Of Respondent*

G.S. 53B-5, -4(11), 108A-106(f)

*Name And Address Of Petitioner*

*Name And Address Of Financial Institution*

**To the Financial Institution Named Above:**

I, \_\_\_\_\_, an attorney for the director of the county department of social services, hereby certify that the applicable provisions of Chapter 53B have been complied with, to wit:

1. That the county department of social services is a "government authority" as set out in G.S. 53B-2(4) and is making a lawful investigation into the violation of a civil law, that could result in a criminal investigation.
2. That access to the financial records of your customer named above is pursuant to G.S. 53B-4(11).
3. That the director has filed a petition with the District Court pursuant to G. S. 108A-106(f), the statute addressing the financial exploitation of disabled adults and the Court has entered an order, a copy of which is attached. The order states with reasonable specificity the financial record to which access is sought.
4. A copy of the required notice together with the court order has been served on your customer:
  - Pursuant to G.S. 1A-1, Rule 4(j) of the N. C. Rules of Civil Procedure and 10 days have passed without any challenge by your customer, or
  - By certified mail at the customer's last known address as allowed by G.S. 53B-5 and 10 days plus the three days presumed for receipt of the notice have passed.
5. The director of the county department of social services has met the requirements set forth in G.S. 108A-106(f) and Chapter 53B and is ready to schedule the inspection of the financial records of your customer.

*Date*

*Name Of DSS Attorney (Type Or Print)*

*State Bar Number*

*Signature Of DSS Attorney*