STATE OF NO	RTH CAROLINA		File No.	
	County		In The General Court Of Justice District Court Division	
IN	THE MATTER OF:			
Name And Address Of Respond			NOTICE OF HEARING TO ENJOIN INTERFERENCE WITH PROTECTIVE SERVICES	
Name And Address Of Petitioner			(Consenting Disabled Adult)	
			G.S. 108A-104(b)	
To The Respondent	Named Above And Each	Of The Pers	ons Named Below:	
Name And Address Of Disabled	Adult		Name And Address Of Next Of Kin	
Name And Address			Name And Address	
Interest In Proceeding			Interest In Proceeding	
who has consented to have refused to allow to provision of such service. You are hereby notified. At the hearing, evidence protective services and	the provision of such services. he provision of such services a ces. If to appear at a hearing before the will be presented as to the collyour refusal to allow the provision.	The above na and requesting a judge of the condition of the sion of such se	bove named Disabled Adult who is in need of protective services, and med petitioner has filed a petition with this Court alleging that you this Court issue an order enjoining you from interfering with the District Court to be held at the date, time and location shown below. Disabled Adult, the consent of the Disabled Adult to the provision of ervices. Based on the evidence presented, the judge will decide vision of protective services to the Disabled Adult.	
		Location Of Heal		
Date Notice Issued	Fime Notice Issued AM PM	Signature	Deputy CSC Clerk Of Superior Court Assistant CSC DSS Attorney	
	CI	ERTIFICATE	OF SERVICE	
I certify that this Notice	Of Hearing and a copy of any p	etition or othe	r paper attached hereto were served as follows:	
Date	Name Of Person Served	SPONDENT	T/CARETAKER Address Where Delivered	
Sale	Traine of Ferdon derveu		Address Where Belivered	
custody of the United By delivering a copy By delivering a copy discretion then resid By delivering a copy	d States Postal Service, address to the attorney of record for the at the dwelling house or usual ing therein. to the person named above.	ssed as showr e person name place of abod		
Name (Type Or Print)	Signature		Moving Party DSS Attaracti	
			Moving Party DSS Attorney	

		DISABLE	D ADULT			
Date	Name Of I	Person Served	Address Where Delivered			
By depositing a copy in a 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 co	py to the att	orney of record for the person name	ed 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.						
By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the						
addressee. Other: (specify)						
Name (Type Or Print)		Signature				
Name (Type Of Time)		oignature	Moving Party DSS Attorney			
		NEXT (OF KIN			
Date	Name Of I	Person Served	Address Where Delivered			
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