STATE OF NORTH CAROLINA

_____ County

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF	**ORDER ON REQUEST FOR EX PARTE ORDER AUTHORIZING EMERGENCY SERVICES**
Name And Address Of Respondent	G.S. 108A-101(g), -101(h), -106
Name And Address Of Petitioner	*Name And Address Of Attorney For Petitioner*
Telephone Number Of Petitioner	*Telephone Number Of Petitioner's Attorney*

FINDINGS

This matter comes on for hearing on the petition for an order authorizing ex parte emergency services. Based on the evidence, the Court finds there is reasonable cause to believe the following facts:

☐ 1. The respondent is (a) a disabled adult or a lawfully emancipated minor who is _____ years of age, (b) present in the State Of North Carolina, and (c) physically or mentally incapacitated as defined in G.S. 108A-101(d) in that: *(insert findings of fact)*

☐ 2. The respondent is the subject of ☐ abuse as defined in G.S. 108A-101(a), ☐ neglect as defined in G.S. 108A-101(m), ☐ exploitation as defined in G.S. 108A-101(j), in that: *(insert findings of fact)*

☐ 3. The respondent is in need of protective services as the respondent is a person who due to the respondent's physical or mental incapacity is unable to perform or obtain essential services and is without able, responsible, and willing persons to perform or obtain essential services. The respondent is in need of protective services in that: *(insert findings of fact)*

☐ 4. The respondent lacks capacity to consent to protective services as the respondent lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person in that: *(insert findings of fact)*

☐ 5. An emergency exists that has created a substantial danger of death or irreparable harm if protective services are not provided immediately in that: *(insert findings of fact)*

☐ 6. Reasonable attempts have been made to locate interested parties and secure emergency services from them or their consent to the provision of services in that: *(insert findings of fact)*

☐ 7. There is no other person authorized by law or order to give consent for the respondent who is available and willing to consent to or arrange for emergency services.

☐ 8. There is insufficient time to utilize the procedure provided in G.S. 108A-105.

☐ 9. There is likelihood that the respondent may suffer irreparable injury or death if the emergency services order is delayed in that: *(insert findings of fact)*

☐ 10. The following emergency services are necessary to remove the conditions creating the emergency:

☐ 11. *(for magistrate only)* This matter was heard at a time when district court was not in session and a district court judge was not and would not be available to hear the motion.

☐ 12. The respondent lacks the capacity to waive the right to counsel and is in need of a guardian ad litem to represent him/her.

☐ 13. There is a lack of competent evidence to support the following finding of fact necessary to grant ex parte relief:

☐ 14. Other:

(Over)

CONCLUSIONS OF LAW

Based on the findings of fact, the Court concludes that:

☐ 1. This matter is properly before the Court and the Court has jurisdiction.

☐ 2. Petitioner has failed to prove the following grounds for ex parte emergency relief: _____

_____.

☐ 3. The conditions specified in G.S. 108A-106(a) exist.

☐ 4. There is a likelihood that the respondent may suffer irreparable injury or death if an order for emergency services is delayed.

☐ 5. Reasonable attempts have been made to locate interested parties and secure from them emergency services or their consent to petitioner's provision of emergency services.

☐ 6. Respondent lacks the capacity to waive the right to counsel and is in need of a guardian ad litem pursuant to G.S. 1A-1, Rule 17.

☐ 7. Other:

ORDER

It is ORDERED that:

☐ 1. The request for an ex parte order authorizing emergency services is denied.

☐ 2. _____ *(insert name of State or other government or private organization or individual)* is authorized to provide and/or consent to the following emergency services pursuant to G.S. 108A-101(h) and G.S. 108A-106, which are necessary to remove the conditions creating the emergency: *(list emergency services necessary to remove the conditions creating the emergency, including any services necessary to maintain the respondent's vital functions)*

The entry of this order authorizes the county department of social services to enter a premises without the disabled adult's consent pursuant to G.S. 108A-106(e).

☐ 3. The entry of this order ☐ does ☐ does not include the authority to take physical custody of the respondent if necessary.

☐ 4. Each person upon whom this order is served may appear immediately or at any time up to the time of the hearing and show cause, if any exists, for the dissolution or modification of this order, otherwise the order shall remain in effect until the hearing is held on the petition for emergency services.

☐ 5. The Court appoints *(name)* _____, Attorney at Law, as guardian ad litem for the respondent in this action.

☐ 6. Other:

Date	*Name Of District Court Judge Or Authorized Magistrate*	☐ *District Court Judge* ☐ *Authorized Magistrate*	*Signature Of District Court Judge Or Authorized Magistrate*

If the person named above gives telephonic authorization for an ex parte order for emergency services to be entered by the clerk or magistrate who accepted the petition for filing:

Date Of Telephonic Authorization	*Time Of Telephonic Authorization* ☐ AM ☐ PM	*Name And Title Of County Director Of Social Services (required to be recorded)*

Name And Title Of Clerk Or Magistrate Receiving Telephonic Authorization	☐ *Dep. CSC* ☐ *Asst. CSC* ☐ *CSC* ☐ *Magistrate*	*Signature Of Clerk Or Magistrate Receiving Telephonic Authorization*

RETURN OF SERVICE

I certify that this Order On Request For Ex Parte Order Authorizing Emergency Services and a copy of the petition or other paper attached hereto were served as follows:

RESPONDENT

Name Of Person Served	*Address Where Delivered*
Date	*Time* ☐ AM ☐ PM

☐ 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*

CERTIFICATE OF SERVICE

I certify that this Order On Request For Ex Parte Order Authorizing Emergency Services and a copy of the petition or other paper attached hereto were served as follows:

PERSON 1

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

☐ 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.

Name (type or print)	*Signature*	*Title*

PERSON 2

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

☐ 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.

Name (type or print)	*Signature*	*Title*

PERSON 3

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

☐ 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.

Name (type or print)	*Signature*	*Title*

PERSON 4

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

☐ 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.

Name (type or print)	*Signature*	*Title*