

# STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice  
Superior Court Division  
Before The Clerk

\_\_\_\_\_ County

**IN THE MATTER OF THE ESTATE OF**

Name And Address Of Minor

**APPLICATION FOR APPOINTMENT OF** GUARDIAN OF THE ESTATE GUARDIAN OF THE PERSON GENERAL GUARDIAN**FOR A MINOR**

G.S. 35A-1221, -1225

Age

Date Of Birth

County Of Residence Of Minor

Name And Street Address, PO Box, City, State And Zip Of Applicant 2

Name And Street Address, PO Box, City, State And Zip Of Applicant 1

County Of Residence Of Applicant 2

County Of Residence Of Applicant 1

Name And Address Of Attorney For Applicant(s)

Applicant(s)'(s) Relationship Or Interest In Proceeding

The undersigned applies to be appointed guardian(s) for the minor named above, to serve in the capacity indicated, and in support of this Application state(s):

1. The minor resides or is domiciled in this county.
2. The parents of the minor are listed below. (Attach copy(ies) of death certificate(s) if parent(s) not living.)

Name Of Mother, And Address If Living

Name Of Father, And Address If Living

Date Of Death, If Not Living

County Of Estate Administration

Date Of Death, If Not Living

County Of Estate Administration

3. Other persons known to have an interest in this proceeding are:

Name And Address

Name And Address

Relationship To Minor Or Interest In Proceeding

Relationship To Minor Or Interest In Proceeding

4. If applicable in the proceeding identified below  custody of the minor was awarded  a guardian of the minor was appointed  the Last Will and Testament of the minor's parent(s), recommending the applicant(s) as guardian(s) for the minor, was admitted to probate. (Attach copy of custody or guardianship order or probated will, if available.)

Date Of Order Or Probate

County Of Proceeding

Name And Address Of Custodian Or Guardian, If Any

File Or Other Identification No.

5. The reason for seeking a guardian, and information concerning the need, type, and person(s) to appoint are:

6. A statement of the assets and liabilities of the minor, including any income and receivables to which the minor is entitled, is set forth on the reverse side of this Application.

7. I hereby acknowledge receipt of the AOC-SP-850, "Responsibilities Of Guardians In North Carolina" or I acknowledge that said pamphlet is available online at [www.nccourts.gov/documents/forms](http://www.nccourts.gov/documents/forms) and I further acknowledge that I am required to comply with said responsibilities and to manage the guardianship estate in accordance with North Carolina law.

(Over)

PART I. PROPERTY OF MINOR'S ESTATE		PART II. OTHER PROPERTY	
Description	Estimated Value	Description	Estimated Value
1. Insurance proceeds	\$	1. Right of action for injury, etc. (NOTE: Increase bond before receipt.)	\$
2. Injury settlements			
3. Cash and uncashed checks on hand			
4. Accounts			
5. Stocks and bonds			
6. Farm products, livestock, and equipment			
7. Miscellaneous personal property			
8. Estimated annual income	\$	<b>TOTAL PART II</b> ▶ \$	
Interest and dividends, etc.....		Custodian, trustee, attorney-in-fact, etc. (Name) _____	
Rental income.....		Major medical or similar insurance is in effect through: (Name Of Insurer) _____	
Annuity, pension or retirement benefits, Social Security, Disability or other compensation, insurance proceeds, injury settlement or other periodic payments .....		(Policy No.) _____	
<b>Subtotal of Line 8</b>		<b>PART III. LIABILITIES</b>	
	\$	1. Mortgage loans	\$
		2. Other secured loans or obligations	
		3. Unsecured obligations	
		4. Other	
<b>TOTAL PART I (base bond on this amount)</b> ▶		<b>TOTAL PART III</b> ▶	
	\$		\$

**APPLICANT SIGNATURE(S)**

By signing below, the undersigned agrees that the information in this filing is true to the best of his or her knowledge, information, or belief. The undersigned understands that, in some circumstances, persons who make false filings can be subject to legal penalties or sanctions and, depending on the situation, may be charged with a crime.

Date	Signature Of Applicant 1	Date	Signature Of Applicant 2
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**WAIVER OF NOTICE OF HEARING**

Each of the undersigned hereby waives notice of a hearing on this Application.

Date	Signature	Date	Signature
Name (type or print)		Name (type or print)	
Relationship To Minor <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian		Relationship To Minor <input type="checkbox"/> Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Guardian	

**NOTE:** A copy of this Application and written notice of the time, date, and place set for a hearing, shall be served on any parent, guardian or legal custodian of the minor who is not an applicant and who does not sign the waiver and consent above, and any other person the Clerk may direct, including the minor. Service shall be as provided by Rule 4 of the Rules of Civil Procedure unless the Clerk directs otherwise. G.S. 35A-1222.