

STATE OF NORTH CAROLINA

File No.

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

_____ County

NOTE TO PETITIONING GUARDIAN: "Nothing in [the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act of 2016] shall be construed to otherwise affect the requirements for seeking an ancillary guardianship under G.S. 35A-1280 or for petitioning the court for the removal of personalty from the State under G.S. 35A-1281." Session Law 2016-72, Section 3.

IN THE MATTER OF

**PETITION TO TRANSFER
INCOMPETENCY PROCEEDING AND
GUARDIANSHIP TO ANOTHER STATE**

G.S. 35B-30

Name And Current Address Of Adult Ward

County Of Residence Of Adult Ward

Date Of Birth

Name, Street Address, PO Box, City, State And Zip Code Of Petitioning Guardian

Name, Street Address, PO Box, City, State And Zip Code Of Co-Guardian (if applicable)
 Also A Petitioning Guardian

Of The Estate Of The Person General Guardian

Of The Estate Of The Person General Guardian

Telephone No. Of Petitioning Guardian

Name, Street Address, PO Box, City, State And Zip Code Of Petitioning Guardian's Attorney

Petitioning Guardian's Relationship To Ward

Telephone No. Of Petitioning Guardian's Attorney

State Bar No.

The undersigned requests that the Court transfer the incompetency proceeding and the existing guardianship to the state of _____ (hereinafter, the "Other State").

In support of this Petition, the undersigned states:

1. Transfer is proper in that the ward: (check all that apply)

is physically present in the Other State.

is reasonably expected to move permanently to the Other State.

(For guardian of the estate or general guardian, only) has a significant connection to the Other State in that:

(See G.S. 35B-15(b) for factors to establish significant connection.) _____

2. The Other State will likely accept the transfer because: _____

(Over)

3. These additional facts support this petition to transfer:

(Be specific and attach additional pages as needed.)

- a. If guardian of the person or general guardian, describe plans for care and services for the ward in the Other State: _____

- b. If guardian of the estate or general guardian, describe arrangements for the management of the ward's property in the Other State:

- c. Any other relevant facts supporting petition to transfer: _____

4. The ward's next of kin, if any, and other persons known to have an interest in the proceeding are:

<i>Name And Address</i>		<i>Name And Address</i>	
<i>Telephone No.</i>		<i>Telephone No.</i>	
<i>Relationship To Ward Or Interest In Proceeding</i>		<i>Relationship To Ward Or Interest In Proceeding</i>	
<i>Name And Address</i>		<i>Name And Address</i>	
<i>Telephone No.</i>		<i>Telephone No.</i>	
<i>Relationship To Ward Or Interest In Proceeding</i>		<i>Relationship To Ward Or Interest In Proceeding</i>	
<i>Date</i>		<i>Date</i>	
<i>Name Of Petitioning Guardian (type or print)</i>		<i>Name Of Petitioning Guardian (type or print)</i>	
<i>Signature Of Petitioning Guardian</i>		<i>Signature Of Petitioning Guardian</i>	
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME	
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>		<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>	
<input type="checkbox"/> <i>Notary</i>	<i>Date Commission Expires</i>	<input type="checkbox"/> <i>Notary</i>	<i>Date Commission Expires</i>
SEAL	<i>County Where Notarized</i>	SEAL	<i>County Where Notarized</i>