

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

File No.

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

County

IN THE MATTER OF:

MOTION IN THE CAUSE TO
MODIFY GUARDIANSHIP

G.S. 35A-1201, -1207, -1212

Name And Current Address Of Ward

County Of Residence Of Ward

Date Of Birth

Name, Street Address, PO Box, City, State And Zip Code Of Moving Party

Name, Street Address, PO Box, City, State And Zip Code Of Moving Party's Attorney

County Of Residence Of Moving Party

Telephone No. Of Moving Party

Telephone No. Of Moving Party's Attorney

State Bar No.

Moving Party's Relationship To Ward Or Interest In Proceeding

Nature Of Impairment

The undersigned requests that the Court, after notice and hearing:

- modify general guardianship to guardian of the person.
modify general guardianship to guardian of the estate.
modify guardian of the person to general guardianship.
modify guardianship of the estate to general guardianship.

- add to the rights and privileges of the ward.
limit the rights and privileges of the ward.
Other/Comment:

In support of this Motion, the undersigned states:

1. The current guardian is:

Name And Address Of Current Guardian

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

Name And Address

Name And Address

Telephone No.

Telephone No.

Relationship To Ward Or Interest In Proceeding

Relationship To Ward Or Interest In Proceeding

Name And Address

Name And Address

Telephone No.

Telephone No.

Relationship To Ward Or Interest In Proceeding

Relationship To Ward Or Interest In Proceeding

(Over)

3. General statement of ward's assets and liabilities, including any income and receivable to which he/she is entitled:

<u>Assets</u>		<u>Liabilities</u>		<u>Income and Receivables</u>	
Real Property	\$ _____	Mortgage Loans	\$ _____	Wages & Salaries	\$ _____
Tangible Personal Property	\$ _____	Other Secured Loans	\$ _____	Rents	\$ _____
Other Personal Property	\$ _____	Unsecured Loans	\$ _____	Pensions	\$ _____
	\$ _____			Allowances	\$ _____
				Insurance & Compensation	\$ _____
				Other (including SSI/SSDI)	\$ _____

There is a representative payee for government benefits.  Yes  No  
There is a Durable Power of Attorney in place.  Yes  No  
There is a special needs or other trust in place.  Yes  No

4. Capacity Information

**NOTE TO CLERK:** Complete only if changing the ward's rights and privileges.

The ward has the capacities listed below.

A. **Language and Communication.** (understands/participates in conversations, can read and write, understands signs such as "keep out," "men," "women")

has capacity.  lacks capacity. Comment: \_\_\_\_\_

B. **Nutrition** (makes independent decisions about eating, prepares food, purchases food)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

C. **Personal Hygiene** (bathes, brushes teeth, uses proper hygiene when using the restroom)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

D. **Health Care** (makes and communicates choices about medical treatment/caregivers, notifies others of illness, follows medication instructions, reaches emergency health care)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

E. **Personal Safety** (recognizes danger and seeks assistance as needed, protects self from exploitation/personal harm)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

F. **Residential** (makes and communicates decisions about residence/roommates, maintains safe shelter)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

G. **Employment** (makes and communicates decisions about employment, demonstrates work skills such as neatness and punctuality, writes or dictates application form)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

H. **Independent Living** (follows a daily schedule, conducts housekeeping chores, uses community resources such as bank, store, post office)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

I. **Civil** (knows to contact advocate if being exploited, understands consequences of committing a crime, registers to vote)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

J. **Financial**

1. Makes and communicates decisions about paying bills and spending discretionary money, and makes change for \$1, \$5, and \$20

has capacity.  lacks capacity. Comment: \_\_\_\_\_

2. Makes and communicates decisions regarding management of a personal bank account and savings, investments, real estate, and other substantial assets

has capacity.  lacks capacity. Comment: \_\_\_\_\_

3. Can resist attempts at financial exploitation by others

has capacity.  lacks capacity. Comment: \_\_\_\_\_

**IN THE MATTER OF**

File No.



Name Of Ward

5. The movant requests that the current guardianship be modified as follows: *(Describe how you want the guardianship to be changed. Be specific.)*

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

*Date*

*Date*

*Signature Of Person Authorized To Administer Oaths*

*Name Of Moving Party (Type Or Print)*

*Deputy CSC*     *Assistant CSC*     *Clerk Of Superior Court*

*Signature Of Moving Party*

*Notary*

*Date Commission Expires*

**SEAL**

*County Where Notarized*