

STATE OF NORTH CAROLINA

File No.

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

_____ County

IN THE MATTER OF

Name And Current Address Of Ward

MOTION IN THE CAUSE TO MODIFY GUARDIANSHIP

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

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:

- | | |
|---|--|
| <input type="checkbox"/> modify general guardianship to guardianship of the person. | <input type="checkbox"/> add to the rights and privileges of the ward. |
| <input type="checkbox"/> modify general guardianship to guardianship of the estate. | <input type="checkbox"/> limit the rights and privileges of the ward. |
| <input type="checkbox"/> modify guardianship of the person to general guardianship. | <input type="checkbox"/> Other/Comment: _____ |
| <input type="checkbox"/> modify guardianship of the estate to general guardianship. | _____ |

***NOTE:** Form AOC-E-211 is available to be used as a Notice of Hearing form for a hearing on a motion to modify guardianship.

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 receivables 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	\$ _____
There is a representative payee for government benefits.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance & Compensation	\$ _____
There is a Durable Power of Attorney in place.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Other (including SSI/SSDI)	\$ _____
There is a Healthcare Power of Attorney in place.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
There is a special needs or other trust in place.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
The respondent has health insurance through Medicaid, Medicare, or a private insurer.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Capacity Information

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

Check here if in a coma, persistent vegetative state, or non-responsive and move on to item 5.

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: _____

IN THE MATTER OF

File No.

Name Of Ward

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: _____

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)
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		Signature Of Moving Party
<input type="checkbox"/> Notary	Date Commission Expires	
SEAL	County Where Notarized	