STATE OF NORTH CAROLINA	File No.			
County	In The General Court Of Justice Superior Court Division Before The Clerk			
IN THE MATTER OF				
Name And Current Address Of Ward				
	MOTION IN THE CAUSE TO MODIFY GUARDIANSHIP			
County Of Residence Of Ward	G.S. 35A-1201, -1207, -1212			
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	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 guardianship of the person.	add to the rights and privileges of the ward.			
modify general guardianship to guardianship of the estate.	☐ limit the rights and privileges of the ward.			
modify guardianship of the person to general guardianship.	Other/Comment:			
modify guardianship of the estate to general guardianship.				
*NOTE: Form AOC-E-211 is available to be used as a Notice of Hearing for	m 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	ve 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			

eal Property \$ Mortgage Loans \$ Wages & Salaries \$ angible Personal Property \$ Other Secured Loans \$ Rents \$ ther Personal Property \$ Unsecured Loans \$ Pensions \$ here is a representative payee for government benefits. Yes No Insurance & Compensation \$ here is a Durable Power of Attorney in place. Yes No Other (including SSI/SSDI) \$ here is a Healthcare Power of Attorney in place. Yes No No Healthcare Silves on the trust in place. Yes No here is a special needs or other trust in place. Yes No No Healthcare Power of Attorney in place. Yes No here respondent has health insurance through Medicaid, ledicare, or a private insurer. Yes No No 1 4. Capacity Information NOTE TO CLERK: Complete only if changing the ward's rights and privileges.	eal Property \$	3. General statement of	f ward's assets ar	nd liabilities, i	including a	ny income a	and receivables to which he/she is ent	itled:
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	IN THE MATTER OF
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H. Indepen post offic has ca	
I. Civil (kno has ca	ows to contact advocate if being exploited, understands consequences of committing a crime, registers to vote) apacity. I lacks capacity. Comment:
J. Financia	A
	s and communicates decisions about paying bills and spending discretionary money, and makes change for \$1, \$5, and
ha	s capacity. 🗌 lacks capacity. 🗌 Comment:
	s and communicates decisions regarding management of a personal bank account and savings, investments, real e, and other substantial assets
ha	s capacity. 🗌 lacks capacity. 🗌 Comment:
3. Can r	esist attempts at financial exploitation by others
ha	s capacity. 🗌 lacks capacity. 🗌 Comment:
	requests that the current guardianship be modified as follows: (Describe how you want the guardianship to be changed. Be specific
belief. The u	indersigned understands that, in some circumstances, persons who make false filings can be subject to legal penalties and, depending on the situation, may be charged with a crime.
ate	Name Of Moving Party (type or print) Signature Of Moving Party