

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

**ORDER ON MOTION
TO MODIFY GUARDIANSHIP**

G.S. 35A-1207

Name And Address Of Guardian

Name And Address Of Guardian

Of The Estate Of The Person General Guardian

Of The Estate Of The Person General Guardian

This matter coming to be heard before the undersigned upon motion of the:

- Guardian
- Ward
- Other _____

and upon hearing and reviewing the evidence, the Court does make the following:

FINDINGS OF FACT

1. This court has jurisdiction over this matter and the parties.
2. The ward was was not present.
 The ward was represented by _____
3. The guardian was was not present.
 The guardian was represented by _____
4. Also present were:

5. The movant indicated above asked the court to modify the guardianship as follows:
 - Modify a general guardianship to a guardianship of the person.
 - Modify a general guardianship to a guardianship of the estate.
 - Modify a guardianship of the person to a general guardian.
 - Modify a guardianship of the estate to a general guardian.
 - Add to the rights and privileges of the ward.
 - Limit the rights and privileges of the ward.
 - Other/Comment: _____

6. The Court makes the following specific findings of fact as to the nature of the ward's capacity:

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

A. Language and Communication

- Understands conversation and communicates personal needs. Needs assistance
- Has capacity to communicate important decisions. Needs assistance
- Other: _____

B. Nutrition

- | | |
|--|---|
| <input type="checkbox"/> Makes decisions about when and what to eat. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Knows which foods he/she is unable to tolerate. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can maintain proper diet. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can follow a prescribed diet if needed. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

C. Personal Hygiene

- | | |
|---|---|
| <input type="checkbox"/> Understands the need to bathe and maintain personal hygiene. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Understands the need to maintain dental care. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Is able to maintain personal hygiene and dental care. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Uses proper hygiene when toileting. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

D. Health Care

- | | |
|--|---|
| <input type="checkbox"/> Can make and communicate decisions regarding health treatment. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can take care of minor health problems. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can follow prescribed routines and take prescribed medicines. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can alert others and seek medical help for serious health problems. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Has capacity to keep a sanitary living environment. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

E. Personal Safety

- | | |
|--|---|
| <input type="checkbox"/> Has capacity to identify and avoid life-threatening behaviors. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Is able to recognize and avoid hazards in home. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can handle or seek help in emergencies. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can recognize when others present a danger and avoid that danger. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

F. Residential

- | | |
|---|---|
| <input type="checkbox"/> Has capacity to live alone. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Has capacity to maintain private residence. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can recognize and communicate need for maintenance of private residence. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can make and communicate decisions about residential options. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

G. Employment

- | | |
|---|---|
| <input type="checkbox"/> Can make and communicate choice in regard to employment. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Demonstrates skills required to work. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Can look for and find a job. | <input type="checkbox"/> Needs assistance |
| <input type="checkbox"/> Other: _____ | |

Name Of Ward

H. Independent Living

- Has capacity to appropriately relate to friends and family members. Needs assistance
- Has capacity to make decisions without undue influences from others. Needs assistance
- Has capacity to make decisions concerning social activities. Needs assistance
- Has capacity to determine degree of participation in religious activities. Needs assistance
- Can utilize familiar community resources. Needs assistance
- Can identify his or her address and return home or seek assistance. Needs assistance
- Other: _____ Needs assistance

I. Civil

- Can communicate wishes regarding legal documents or services. Needs assistance
- Can contact lawyer, police, advocates, etc. if being exploited or treated unfairly. Needs assistance
- Demonstrates willingness to vote and can acquire information accordingly. Needs assistance
- Has capacity to drive a car. Needs assistance
- Other: _____ Needs assistance

J. Financial

- Can spend small amounts of money. Needs assistance
- Can manage a weekly or monthly budget. Needs assistance
- Is able to seek out and apply for government benefits. Needs assistance
- Has capacity to pay routine bills. Needs assistance
- Is able to maintain checking account and/or ATM card. Needs assistance
- Is able to make and carry out major financial decisions. Needs assistance
- Other: _____ Needs assistance

CONCLUSION

Based on the evidence presented and testimony given the Court CONCLUDES that this guardianship should should not be modified.

ORDER

It is ORDERED that:

- 1. the Guardianship be modified
 - to a Guardianship of the Person and the General Guardianship is terminated.
 - to a Guardianship of the Estate and the General Guardianship is terminated.
 - to a General Guardianship and the Guardianship of the Person is terminated.
 - to a General Guardianship and the Guardianship of the Estate is terminated.
 - to remove rights and privileges previously ordered retained by the ward.
 - to add to the rights and privileges of the ward.
 - Other: _____
- 2. The guardianship is modified and the ward shall retain the following legal rights and privileges. *(check all that apply)*
 - Determine his/her degree of participation in interpersonal relationships and social, religious, and community activities.
Additional Specifications: _____
 - Make Assist in decisions regarding living arrangements.
Additional Specifications: _____

- Make Assist in decisions regarding employment.
Additional Specifications: _____
- Make Assist in decisions regarding health treatment.
Additional Specifications: _____
- Take care of minor health problems.
Additional Specifications: _____
- Contact service providers as needed.
Additional Specifications: _____
- Handle amounts of money up to \$ _____ .
Additional Specifications: _____
- Maintain personal property other than funds, stocks, bonds, sureties, etc.
Additional Specifications: _____
- Enter into contracts regarding social, religious, and community activities.
Additional Specifications: _____
- Enter into contracts regarding residential arrangements.
Additional Specifications: _____
- Enter into contracts regarding health care, legal and other services.
Additional Specifications: _____
- Consult with guardian regarding financial decisions.
Additional Specifications: _____
- Other. _____

3. Each person named below is appointed as guardian of the incompetent to serve in the capacity designated, and Letters of appointment shall be issued to each such person when he/she properly qualifies to serve.

Name And Address Of Guardian	Name And Address Of Guardian
<input type="checkbox"/> Of The Estate <input type="checkbox"/> Of The Person <input type="checkbox"/> General Guardian	<input type="checkbox"/> Of The Estate <input type="checkbox"/> Of The Person <input type="checkbox"/> General Guardian

4. The guardian shall file a final account with the clerk within _____ days. *(applies when terminating general guardianship or guardian of the estate)*

5. Other:

6. The motion is denied.

Date	Signature	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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