

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

County

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name Of Juvenile

NOTICE OF HEARING
IN JUVENILE PROCEEDING
(TERMINATION OF PARENTAL RIGHTS)

Art. 11, G.S. Chapter 7B

To The Persons Named Below:

Name And Address

Name And Address

Parent Guardian Custodian

Parent Guardian Custodian

Name of Attorney:

Name of Attorney:

Name And Address

Name And Address

GAL DSS Other

GAL DSS Other

A hearing will be held at the date, time and location shown below in the above juvenile proceeding (check all that apply):

- 1. to conduct a termination of parental rights pre-trial hearing. (G.S. 7B-1108.1)
2. for adjudication of a termination of parental rights petition or motion filed on (date)
(G.S. 7B-1109)
3. to conduct both a pre-trial hearing and an adjudication hearing on termination. (G.S. 7B-1108.1 and 7B-1109)
4. to conduct a hearing to determine whether terminating the parental rights is in the juvenile's best interest.
(G.S. 7B-1110)
5. Other

Date Of Hearing

Time Of Hearing

AM PM

Location Of Hearing

Date Notice Issued

Signature

Deputy CSC

Clerk Of Superior Court

Assistant CSC

Petitioner

(Over)

CERTIFICATE OF SERVICE

I certify that this Notice Of Hearing and a copy of any motion or other paper attached hereto were served as follows:

PERSON 1

Date	Name Of Person Served
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- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 2

Date	Name Of Person Served
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- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 3

Date	Name Of Person Served
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- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 4

Date	Name Of Person Served
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- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 5

Date	Name Of Person Served
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- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____