

STATE OF NORTH CAROLINA

File No.

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

_____ County

IN THE MATTER OF

Full Name Of Respondent

Telephone No. Of Respondent

Name And Address Of Movant

Petitioner For Adjudication Of Incompetence Guardian Ad Litem

Telephone No. Of Movant

Name And Address Of Treatment Facility If Respondent Is An Inpatient

**MOTION FOR APPOINTMENT OF
INTERIM GUARDIAN**

G.S. 35A-1114

Name And Address Of Attorney For Movant

Telephone No. Of Movant's Attorney

State Bar No.

MOTION FOR APPOINTMENT OF INTERIM GUARDIAN

NOTE: Do not complete unless an emergency requires immediate intervention. Do not complete if basis for the incompetency petition is special jurisdiction as set forth in G.S. 35B-18; interim guardian appointment is not available in cases of special jurisdiction.

- The movant moves that the Court appoint an interim guardian because there is reasonable cause, as shown by the following facts, to believe that the respondent is incompetent and needs an interim guardian to intervene on his/her behalf prior to the adjudication hearing in that: *(Check all that apply)*
 - he/she is in a condition that constitutes or reasonably appears to constitute an imminent or foreseeable risk of harm to his/her physical well-being and requires immediate intervention.
 - there is or reasonably appears to be an imminent or foreseeable risk of harm to his/her estate that requires immediate intervention in order to protect the respondent's interest.

(Set forth the specific facts which demonstrate the need for immediate intervention. Continue on Side Two if additional space is needed.)

(Over)

MOTION FOR APPOINTMENT OF INTERIM GUARDIAN - continued

RECOMMENDED INTERIM GUARDIAN(S)

The undersigned, being duly sworn, requests that the Court, after notice and hearing, appoint the person(s) named below to serve, in the capacity indicated, as interim guardian(s) of the respondent.

| | |
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| <i>Name And Address Of Recommended Interim Guardian</i> <input type="checkbox"/> <i>Of The Estate</i> <input type="checkbox"/> <i>Of The Person</i> | <i>Name And Address Of Recommended Interim Guardian</i> <input type="checkbox"/> <i>Of The Estate</i> <input type="checkbox"/> <i>Of The Person</i> |
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VERIFICATION

I, the undersigned movant, have read this Motion and state that its contents are true to my own knowledge except those matters stated on information and belief, which I believe are true.

| | | |
|--|---|----------------------------|
| SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME | | <i>Date</i> |
| <i>Date</i> | <i>Signature Of Person Authorized To Administer Oaths</i> | <i>Signature Of Movant</i> |
| <input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> | | |
| <input type="checkbox"/> <i>Notary</i> | <i>Date My Commission Expires</i> | |
| SEAL | <i>County Where Notarized</i> | |