

NORTH CAROLINA
WAKE COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
FILE NO. _____

Assigned Judge: _____

In the matter of:

**ABUSE/NEGLECT DEPENDENCY
INFORMATION SHEET**

- Notice to Calendar
- Request to Calendar
- Request to Appoint
- Request to Issue Writ
- Notification of Adoption Petition

Date Requested: _____

NOTICE TO CALENDAR

Initial Nonsecure Custody Hearing

Date: _____

Adjudication/Disposition Hearing

Date: _____

Termination of Parental Rights (WCHS or GAL)

Date: _____

REQUEST TO CALENDAR / TYPE OF SETTING

- Review Type: _____ TPR (private)
- Motion Type: _____ Other: _____

I have consulted attorneys for all parties and all consent to this hearing date OR there is an objection to this hearing date. Reason for objection (if known)

I attempted to contact attorneys for all parties by phone fax email on _____ and have not received a response from all parties regarding this date.

REQUEST TO APPOINT

- Temporarily appointed attorney/GAL for the following parent(s): _____
 - GAL also Previously appointed attorney/GAL (if any): _____
 - GAL also Previously appointed attorney/GAL (if any): _____
 - GAL also Previously appointed attorney/GAL (if any): _____
- Conflict GAL-AA for Juvenile(s)
Attorney(s) with conflicts in this case: _____

TERMINATION OF PARENTAL RIGHTS

- Attorney for parent (Affidavit of Indigency filed and approved)
Attorney representing parent in underlying case: _____
- GAL for parent
GAL for parent in underlying case: _____
- Conflict GAL-AA for Juvenile (private TPR-Answer filed)

REQUEST TO ISSUE WRIT

Name of Incarcerated Parent: _____

 M F Race _____ DOC # _____

SSN: _____ - _____ - _____ Date of Birth: _____

Date and Time of Hearing _____

NOTIFICATION OF ADOPTION PETITION

An adoption petition was filed on _____. This completes the permanency plan for each child in this matter. A PTPR hearing is scheduled on _____. Please remove it from the calendar.

*Date*_____
*Print Name of Attorney/Social Worker*_____
Signature of Attorney/Social Worker

CERTIFICATE OF SERVICE

I hereby certify that a copy of this **ABUSE/NEGLECT/DEPENDENCY INFORMATION SHEET** has been submitted to the Clerk of Superior Court/Special Proceedings Division/Supervisor and the Family Court Office and served in the following manner:

- By hand delivery to _____
- By email to _____
- By facsimile to _____
- Other _____

I hereby certify that a copy of this **ABUSE/NEGLECT/DEPENDENCY INFORMATION SHEET-Notification of Adoption Petition** was provided to the Wake County Attorneys' Office, the Guardian ad Litem Program or the Conflict Guardian ad Litem-Attorney Advocate in the following manner:

- By depositing a copy in the US Mail in a properly addressed, postpaid envelope to:

Wake County Attorney's Office
P.O. Box 550
Raleigh, NC 27602_____
GAL Attorney Advocate
P.O. Box 1107
Raleigh, NC 27602

- By hand delivery to _____
- By email to _____
- By facsimile to _____
- Other _____

*Date*_____
*Print Name of Attorney/Social Worker*_____
Signature