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