

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Respondent

**NOTICE OF HEARING TO ENJOIN  
INTERFERENCE WITH  
PROTECTIVE SERVICES**

To the respondent named above – GREETING:

TAKE NOTICE, that it has been alleged that you are the caretaker for \_\_\_\_\_ who is a disabled adult in need of protective services. The County Department of Social Services has filed a petition with this court alleging that you have refused to allow the provision of such services and requesting this court to issue an order enjoining you from interfering with the provision of such services.

You are hereby notified to appear at a hearing before a Judge of the District Court to be held at \_\_\_\_\_ o'clock, \_\_\_\_\_.m., on the \_\_\_\_\_ day of \_\_\_\_\_, 2010 at the \_\_\_\_\_ County Courthouse.

At the hearing, evidence will be represented as to the condition of the disabled adult, the consent of the disabled adult to the provision of protective services and your refusal to allow the provision of such services. Upon the basis of the evidence presented, the Judge will decide whether to enter an order enjoining you from interfering with the provision of protective services to the disabled adult.

Issued at \_\_\_\_\_ o'clock \_\_\_\_\_.m., this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Assistant/Clerk of Superior Court

This Notice shall also be served upon the **disabled adult indicated below:**

\_\_\_\_\_  
Disabled Adult

\_\_\_\_\_  
Address

**RETURN OF SERVICE**

I certify that this Notice was received on the \_\_\_\_ day of \_\_\_\_\_, 2010 and was served as follows:

On \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 2010

at the following place: \_\_\_\_\_

By:  delivering a copy to him/her personally

leaving a copy with \_\_\_\_\_, who is a

Person of suitable age and discretion and who resides in the person’s dwelling house or usual place of abode.

On \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 2010

at the following place: \_\_\_\_\_

By:  delivering a copy to him/her personally

leaving a copy with \_\_\_\_\_, who is a

Person of suitable age and discretion and who resides in the person’s dwelling house or usual place abode.

If not served on person, state reason and give his/her name:

\_\_\_\_\_

\_\_\_\_\_, Sheriff of  
\_\_\_\_\_ County, North Carolina

By: \_\_\_\_\_ Deputy

Date: \_\_\_\_\_

**ACCEPTANCE OF SERVICE BY RESPONDENT**

This is to acknowledge that I received this Notice of the \_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ o’clock, \_\_\_\_ .m., and that a copy of the Notice was returned by me.

\_\_\_\_\_  
Respondent

**ACCEPTANCE OF SERVICE BY DISABLED ADULT**

This is to acknowledge that I received this Notice of the \_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ o’clock, \_\_\_\_ .m., and that a copy of the Notice was returned by me.

\_\_\_\_\_  
Disabled Adult

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PETITION TO ENJOIN INTERFERENCE  
WITH PROTECTIVE SERVICES**

Name and Address of Respondent

The undersigned Petitioner, \_\_\_\_\_ having sufficient knowledge to believe that the respondent is a caretaker who should be enjoined from interfering with the provision of protective services to a disabled adult in need of such services, alleges:

1. That \_\_\_\_\_ is a disabled adult \_\_\_\_\_ years of age and is a resident of or can be found in the above named county.

2. That the disabled adult is in need of protective services, based on the following specific facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. That the Respondent is a caretaker in relation to the disabled adult based on the following specific facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. That the disabled adult has consented to the receipt of protective services, based on the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. That the Respondent caretaker has refused to allow the provision of such protective services, based on the following specific facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The name, addresses and telephone numbers of persons who may be able to testify as to the facts supporting this petition are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner prays the court to hear this matter and to issue an order enjoining the Respondent caretaker from interfering with the provision of protective services to the disabled adult.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Title (Director of Social Services or Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Deputy/Assistant Clerk of Superior Court

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO: \_\_\_\_\_

IN THE MATTER OF:

**ORDER TO ENJOIN INTERFERENCE  
WITH PROTECTIVE SERVICES**

\_\_\_\_\_  
Respondent

THIS CAUSE coming on to be heard on this the \_\_\_ day of \_\_\_\_\_, 2010, and being heard upon the Petition of the \_\_\_\_\_ County Department of Social Services, pursuant to N.C.G.S. §108A-104, and the Court, after examining the petition and weighing the evidence and testimony of the witnesses, makes the follow findings of fact:

1. That \_\_\_\_\_ is a “disabled adult” as that term is defined in G.S. 108A-101(d); that \_\_\_\_\_ is in need of protective services in that he/she is unable to obtain for himself/herself essential services, as that term is defined, and is without able, responsible and willing persons to obtain for him/her said essential services; and that \_\_\_\_\_ has consented to the provision of protective services by the \_\_\_\_\_ County Department of Social Services .

2. That \_\_\_\_\_ is cared for by Respondent, \_\_\_\_\_ and Respondent, \_\_\_\_\_ is unwilling to arrange for the necessary essential services, and refuses to allow the provision of such services.

3. That reasonable attempts have been made to secure from Respondent, \_\_\_\_\_, the caretaker of \_\_\_\_\_, consent to a provision of necessary essential services by the \_\_\_\_\_ County Department of Social Services, and that said attempts have been unsuccessful.

Based upon the foregoing findings of fact, it is hereby ORDERED, ADJUDGED AND DECREED that:

1. That Respondent, \_\_\_\_\_ is enjoined from interfering with the provision of protective services to \_\_\_\_\_ as herein ordered.

2. That the Sheriff’s Department of \_\_\_\_\_ County is hereby ordered and directed to assist the \_\_\_\_\_ County Department of Social Services in carrying out this order, to wit, by accompanying personnel from the \_\_\_\_\_

County Department of Social Services to the residence of Respondent, \_\_\_\_\_ and assisting in transporting \_\_\_\_\_ from his/her place of residence to any facility where protective and essential services to \_\_\_\_\_ shall be rendered, and in assisting said Department of Social Services personnel in returning \_\_\_\_\_ to his/her place of residence.

3. That the attorney for the Petitioner is directed to mail copies of this order to the Respondent, \_\_\_\_\_ and the \_\_\_\_\_ County Sheriff's Department.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

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District Court Judge

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Respondent

**NOTICE OF HEARING**  
**ON PROTECTIVE SERVICES**

To the respondent named above – GREETING:

TAKE NOTICE, that it has been alleged that you are a disabled adult who is being abused, neglected, or exploited and that you lack the capacity to consent to the provision of protective services. The \_\_\_\_\_ County Department of Social Services has filed a petition with this court requesting an order authorizing protective services in your behalf.

You are hereby notified to appear at a hearing before a Judge of the District Court to be held at \_\_\_\_\_ o'clock, \_\_\_\_\_.m., on the \_\_\_\_\_ day of \_\_\_\_\_, 2010 at the \_\_\_\_\_ County Courthouse. You have the right to be represented by an attorney at the hearing. If you are indigent and cannot afford to pay an attorney, you should contact the Clerk of Superior Court of the county named above.

At the hearing, evidence will be represented as to your condition and you will be allowed to present evidence. Upon the basis of the evidence presented, the Judge will decide whether to enter an order authorizing protective services on your behalf.

Issued at \_\_\_\_\_ o'clock \_\_\_\_ a.m., this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Assistant/Clerk of Superior Court

This Notice shall also be served upon the caretaker or next of kin indicated below:

\_\_\_\_\_  
Caretaker or Next of Kin

\_\_\_\_\_  
Address

**RETURN OF SERVICE**

I certify that this Notice was received on the \_\_\_\_ day of \_\_\_\_\_, 2010 and was served as follows:

On \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 2010

at the following place: \_\_\_\_\_

By:  delivering a copy to him/her personally

leaving a copy with \_\_\_\_\_, who is a

Person of suitable age and discretion and who resides in the person’s dwelling house or usual place abode.

On \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 2010

at the following place: \_\_\_\_\_

By:  delivering a copy to him/her personally

leaving a copy with \_\_\_\_\_, who is a

Person of suitable age and discretion and who resides in the person’s dwelling house or usual place of abode.

If not served on person, state reason and give his/her name:

\_\_\_\_\_

\_\_\_\_\_, Sheriff of  
\_\_\_\_\_ County, North Carolina

By: \_\_\_\_\_ Deputy

Date: \_\_\_\_\_

**ACCEPTANCE OF SERVICE BY RESPONDENT**

This is to acknowledge that I received this Notice of the \_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ o’clock, \_\_\_\_m. and that a copy of the Notice was returned by me.

\_\_\_\_\_  
Respondent

**ACCEPTANCE OF SERVICE BY CARETAKER OR NEXT OF KIN**

This is to acknowledge that I received this Notice of the \_\_\_\_ day of \_\_\_\_\_, 2010, at \_\_\_\_\_ o’clock, \_\_\_\_m. and that a copy of the Notice was returned by me.

\_\_\_\_\_  
Caretaker or Next of Kin



STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Respondent

**PETITION FOR ORDER AUTHORIZING  
PROTECTIVE SERVICES**

The undersigned Petitioner, \_\_\_\_\_ having sufficient knowledge to believe that the Respondent is in need of protective services, alleges:

1. That the Respondent is \_\_\_\_\_ years of age and is a resident of or can be found in the above named county.

2. That the Respondent is a disabled adult who is in need of protective services, based on the following specific facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. That the Respondent lacks the capacity to consent to the provision of protective services as indicated by the following specific facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The name, address and telephone number of the Respondent's caretaker is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The names, address and telephone number of the persons whom may be able to testify as to the facts supporting this petition are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner prays the court to hear this matter and to issue an order authorizing the provision of protective services. It is further requested that the \_\_\_\_\_ County Department of Social Services be designated in the order as the party responsible for performing or obtaining of essential services on behalf of the Respondent or otherwise consenting to protective services in the respondent's behalf.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Title (Director of Social Services or Representative)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Telephone Number

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Deputy/Assistant Clerk of Superior Court

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO: \_\_\_\_\_

IN THE MATTER OF:

**ORDER AUTHORIZING PROVISION OF  
PROTECTIVE SERVICES**

\_\_\_\_\_  
Respondent

THIS MATTER came on for hearing on the \_\_\_\_ date of \_\_\_\_\_, 2010, before the undersigned District Court Judge Presiding. The Respondent was **(Present, or represented by counsel or by court appointed guardian ad litem)**.

Based on the record, testimony, and other clear cogent, and convincing evidence presented to the court, the court makes the following findings of fact:

1. That the Respondent is a disabled adult in that **(here put in factual statements to justify finding of disability)** \_\_\_\_\_

2. That the Respondent is in need of protective services in that **(here put in factual statements to justify finding that protective services are needed)** \_\_\_\_\_

3. That the Respondent lacks the capacity to consent to protective services in that **(put in factual statements to justify finding of lack of capacity to consent)** \_\_\_\_\_

4. That **(here put in any other factual statements necessary to justify findings peculiar to the particular case before the court regarding specific services needed or available, individuals or agencies to provide them, etc.)** \_\_\_\_\_

NOW THEREFORE, BASED ON THE FINDINGS OF FACT, IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

1. That Respondent is a disabled adult in need of protective services and lacks capacity to consent to the provision of protective services as those terms are defined by law.
2. That the \_\_\_\_\_ Department of Social Services is authorized to provide protective services to Respondent for as long as
  - (a) services are needed, or
  - (b) the Respondent regains capacity to consent to the provision of Services and thereafter refuses to consent, or
  - (c) the expiration of 60 days from the date of this order, whichever of (a), (b), or (c) occurs sooner, unless this court for good cause shown extends the authority of the \_\_\_\_\_ County Department of Social Services for an additional 60 days, at which time this order shall be void and of no effect.
3. That at the expiration of the applicable time period specified in paragraph 2 above order, the court will immediately review this case to determine whether petitioner shall initiate a petition in accordance with N.C.G.S. Chapter 35A, as appropriate.
4. That the Protective Services to be provided are **(here put in specific services ordered by the Court)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. That this matter is held open for 60 days pending further motions or orders.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
DISTRICT COURT JUDGE

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF: )  
 )  
 )  
\_\_\_\_\_  
Name and Address of Respondent )  
 )

**NOTICE OF HEARING ON  
EMERGENCY SERVICES**

To the Respondent named above - - - GREETING:

TAKE NOTICE that it has been alleged that you are a disabled adult who is in need of emergency protective services. The \_\_\_\_\_ County Department of Social Services has filed a petition with this Court requesting an order authorizing emergency services on your behalf. The factual basis of the belief that emergency services are needed and a description of the exact services to be rendered is contained in the petition, a copy of which is attached.

You are hereby notified to appear at a hearing before a Judge of the District Court of \_\_\_\_\_ County to be held at \_\_\_\_\_ o'clock \_\_\_\_m. on the \_\_\_\_ of \_\_\_\_\_, 2010, at the \_\_\_\_\_ County Courthouse, (address of courthouse here). You have the right to be represented by an attorney at the hearing. If you are indigent and cannot afford to pay an attorney, you should contact the clerk of superior court of the county named above.

At the hearing, evidence will be presented as to your condition and you will be allowed to present evidence. Upon the basis of the evidence presented, the Judge will decide whether to enter an order authorizing emergency services on your behalf.

Issued at \_\_\_\_\_ o'clock \_\_\_\_m., this \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Assistant/Clerk of Superior Court

This notice shall also be served upon the spouse or if none, the adult child(ren) and next of kin as indicated below:



Spouse, Child, Next of Kin or Guardian





STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF: )  
 )  
\_\_\_\_\_)  
Name and Address of )  
Respondent )

**PETITION FOR ORDER AUTHORIZING  
EMERGENCY SERVICES**

The undersigned Petitioner, \_\_\_\_\_, Adult Protective Services Social Worker on behalf of the \_\_\_\_\_ County Department of Social Services, having sufficient knowledge to reasonably believe that the Respondent is in need of emergency services pursuant to N.C.G.S. §108A-106 , alleges:

1. That the Respondent is \_\_\_\_\_ years of age and is a resident of or can be found in the above named county.

2. That the Respondent is a disabled adult who is in need of protective services, based on the following specific facts: \_\_\_\_\_

3. That the Respondent lacks the capacity to consent to the provision of protective services as indicated by the following facts: \_\_\_\_\_

4. The nature of the emergency is as follows: \_\_\_\_\_

5. That the following emergency services are needed in order to maintain the Respondent's vital functions: \_\_\_\_\_

6. The Petitioner has attempted, without success, to obtain the disabled adult's consent to emergency services as indicated by the following facts: \_\_\_\_\_

7. That no responsible, able or willing caretaker or other person is available and willing to arrange for emergency services as indicated by the following facts: \_\_\_\_\_

8. The name, address and telephone number of the Respondent's spouse, or if none, adult children or next of kin or guardian, is as follows:

Because there is insufficient time to utilize the procedures provided in N.C.G.S. §108A-105, the Petitioner prays the Court to hear this matter and to issue an (order or ex parte order) for the emergency services set out above. It is further requested that the \_\_\_\_\_ County Department of Social Services be designated in the order as the party responsible for the performing or obtaining of emergency services on behalf of the Respondent. A hearing in compliance with the applicable statute is also requested and will be set for \_\_\_\_\_, 2010 as set forth in the accompanying Notice of Hearing.

Sworn and subscribed before me this the

\_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Petitioner)

\_\_\_\_\_  
(Title - Director of DSS or Designee)

\_\_\_\_\_  
County DSS

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

N.C.G.S. §108-106(c) & (d)

STATE OF NORTH CAROLINA  
COUNTY OF NEW HANOVER

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF: )  
 )  
\_\_\_\_\_)  
Name and Address of Respondent )  
 )

**EX PARTE ORDER AUTHORIZING  
EMERGENCY SERVICES**

IT APPEARING TO THE COURT from the allegations contained in the petition filed by \_\_\_\_\_, agent for the \_\_\_\_\_ County Department of Social Services, that \_\_\_\_\_ is a disabled adult in need of emergency protective services as defined in N.C.G.S. §108A-101(g), §108A-101(h) and §108A-101(n).

IT IS FURTHER APPEARING TO THE COURT from the petition that an emergency exists and that there is no person authorized by law to give consent and that the disabled adult, \_\_\_\_\_, lacks the capacity to consent to the provision of emergency protective services and that the petition meets the requirements of N.C.G.S. §108A-106(d) in that there is a likelihood that \_\_\_\_\_, Respondent, may suffer death or irreparable injury, and reasonable, but unsuccessful efforts have been made to find interested parties to give consent.

IT IS THEREFORE ORDERED that the \_\_\_\_\_ County Department of Social Services is hereby authorized to furnish and provide such services as are reasonably necessary for the said \_\_\_\_\_, Respondent, pursuant to the provisions of N.C.G.S. §108A-106, including removal of the said Respondent, \_\_\_\_\_, from his/her residence in the discretion of the Petitioner.



STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF: )  
 )  
 )  
\_\_\_\_\_)  
NAME OF RESPONDENT )  
 )  
D.O.B.: \_\_\_\_\_ )

**ORDER AUTHORIZING  
EMERGENCY SERVICES**

This matter came on before the undersigned Judge of the \_\_\_\_\_ County District Court on \_\_\_\_\_, 2010, upon the Petition and Motion by the \_\_\_\_\_ County Department of Social Services requesting this Court to order the provision of emergency services for \_\_\_\_\_ and any other appropriate relief pursuant to N.C.G.S. §108A-106. Submitted to the Court was a verified Petition executed by \_\_\_\_\_, Social Worker with the \_\_\_\_\_ County Department of Social Services and the authorized representative of the Director of the \_\_\_\_\_ County Department of Social Services. The Respondent, \_\_\_\_\_ was properly served with notice of this proceeding on \_\_\_\_\_, 2010 as required by N.C.G.S. §108A-106(d).

Also served with notice are \_\_\_\_\_  
(spouse or next of kin)

Based upon the contents of the verified Petition filed by the \_\_\_\_\_ County Department of Social Services, the Court finds that there is reasonable cause to make the following findings:

1. That \_\_\_\_\_, a resident of \_\_\_\_\_ County is presently

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(here set forth all facts necessary to document emergency and justify order)

2. That as a result of \_\_\_\_\_, the Respondent \_\_\_\_\_ lacks the capacity to knowingly and intelligently consent to the provision of emergency protective services.

3. That an emergency exists in that there is a substantial likelihood that the Respondent, \_\_\_\_\_ may (here state the probable result of emergency if services are not provided).

4. That the \_\_\_\_\_ Department of Social Services has made reasonable attempts to locate interested parties, but that there is no other person authorized by law or order to give consent to the provision of emergency protective services.

Based upon the foregoing findings, the Court CONCLUDES AS A MATTER OF LAW that the petitioner has established through sufficient the requisite grounds under N.C.G.S. §108A-106 for the provision of emergency services for the Respondent \_\_\_\_\_

Based upon the foregoing FINDINGS and CONCLUSIONS OF LAW, it is therefore ORDERED, ADJUDGED AND DECREED that the \_\_\_\_\_ County Department of Social Services is hereby authorized to give consent for the Respondent \_\_\_\_\_ for the provision of medical services that are necessary to remove the conditions creating this emergency. AND FURTHER ORDERS that if the services are required by the Respondent \_\_\_\_\_ for more than fourteen (14) days, that the \_\_\_\_\_ County Department of Social Services shall petition this Court pursuant to the provisions of N.C.G.S. §108A-105.

This the \_\_\_\_ day of \_\_\_\_\_, 2010

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DISTRICT COURT JUDGE

STATE OF NORTH CAROLINA  
COUNTY OF NEW HANOVER

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF: )  
 )  
\_\_\_\_\_)  
Name and Address of )  
Respondent )

**ORDER OF DISSOLUTION OF**  
**EMERGENCY SERVICES ORDER AND**  
**DISMISSAL OF EMERGENCY SERVICES**  
**PETITION**

IT APPEARING TO THE COURT from the statements of counsel for the  
Petitioner that the medical emergency that existed concerning the Respondent upon the  
issuance of the *Ex Parte* Order for emergency services has been remedied by \_\_\_\_\_  
\_\_\_\_\_.

IT FURTHER APPEARING TO THE COURT that due to the present absence of  
a medical emergency, the *Ex Parte* Order should be dissolved and that the emergency  
services petition upon which the Order was based should be dismissed.

IT IS THEREFORE ORDERED that said Ex Parte Order is hereby dissolved and  
said emergency services petition is hereby dismissed.

This, the \_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
District Court Judge Presiding





STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Respondent

**ADULT PROTECTIVE SERVICES  
PETITION FOR INSPECTION OF  
FINANCIAL RECORDS AND MOTION  
FOR FINANCIAL ASSETS TO BE  
FROZEN**

\_\_\_\_\_, Petitioner, who is the duly authorized representative of the \_\_\_\_\_ County Department of Social Services with authority to bring this Petition, having sufficient knowledge or information to believe that a case has arisen which invokes the jurisdiction of this Court pursuant to the "Protection of the Abused, Neglected, Exploited, or Disabled Adult Act," alleges:

1. That the above-named adult is \_\_\_\_ years of age and resides at the address shown above.
2. That said adult is a "disabled adult in need of protective services" as defined by N.C.G.S. §108A-101(d) and (e) in that: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The name, address and telephone number of the Respondent's care taker is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based upon the above allegations, Petitioner submits that there is a reasonable cause to believe \_\_\_\_\_, the Respondent is a disabled adult who lacks the capacity to consent and is in need of protective services; that Respondent is being financially exploited by his caretaker, and that there is no other person currently able or willing to arrange for protective services for Respondent. Accordingly, sufficient grounds exist for this Court to order, pursuant to N.C.G.S. §108A-106(f), that said disabled adult's financial assets be frozen and not withdrawn, spent, or transferred without prior order of this Court, and to further order that said disabled adult's financial records be made available at a certain day and time for inspection by the Petitioner.

Wherefore, Petitioner respectfully moves that an order issue pursuant to N.C.G.S. §108A-106(f) which freezes the disabled adult's accounts with \_\_\_\_\_ and precludes any withdrawal from said accounts without prior order of the Court; and which directs \_\_\_\_\_ to submit the records of accounts with said bank for inspection. Additionally, Petitioner prays that this Court authorize the provision of protective services for said disabled adult.

This the \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Title (Director of Social Services or his  
Representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

### VERIFICATION

The undersigned, being first duly sworn, deposes and says that he/she is the Petitioner in the above titled action, that he/she is a duly authorized representative of the \_\_\_\_\_ County Department of Social Services, and in this capacity has authority to bring this Petition; that he/she knows the contents of this Petition, and that the same are true to his/her own knowledge except as to those matters set forth upon information and behalf, and to those matters he/she believes them to be true.

\_\_\_\_\_  
Petitioner

Sworn to and subscribed before me,  
This the \_\_\_\_ day of \_\_\_\_\_, 2010

\_\_\_\_\_  
Notary Public

My Commission Expires:

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

IN THE GENERAL COURT OF JUSTICE  
DISTRICT COURT DIVISION  
FILE NO.: \_\_\_\_\_

IN THE MATTER OF:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EX PARTE**  
**ORDER TO FREEZE ASSETS AND**  
**AUTHORIZE INSPECTION OF**  
**FINANCIAL RECORDS**

DOB: \_\_\_\_\_

This matter came on before the undersigned District Court Judge on \_\_\_\_\_, 2010 upon the Petition and Motion by the \_\_\_\_\_, County Department of Social Services requesting this Court to freeze the financial assets of the Respondent, \_\_\_\_\_ and to order other appropriate relief pursuant to N.C.G.S. §108A-106(f).

Submitted to the Court was a verified Petition executed by \_\_\_\_\_, Social Worker with the \_\_\_\_\_ County Department of Social Services and the authorized representative of the Director of the \_\_\_\_\_ County Department of Social Services.

Based upon the contents of the verified Petition filed by the \_\_\_\_\_ County Department of Social Services, the Court finds that there is reasonable cause to make the following findings:

1. That Respondent, \_\_\_\_\_ is a disabled adult in need of protective services and lacks the capacity to consent to protective services as those terms are defined, is unable to properly handle his/her financial affairs, and is unable to resist financial exploitation.
2. That there is reasonable cause to be that Respondent, \_\_\_\_\_ is being financially exploited by \_\_\_\_\_.
3. That there is a reasonable cause to believe that there is currently no other person who is able or willing to assist Respondent, \_\_\_\_\_ in the handling of his/her affairs.
4. The bank accounts of Respondent, \_\_\_\_\_ are located at \_\_\_\_\_ in North Carolina.

Based upon the following findings the Court **CONCLUDES AS A MATTER OF LAW** that Petitioner has established through sufficient evidence the requisite grounds under N.C.G.S. §108A-106(f) for the freezing of the bank accounts of Respondent, \_\_\_\_\_ at \_\_\_\_\_.

Based upon the forgoing **FINDINGS** and **CONCLUSIONS OF LAW**, it is therefore **ORDERED, ADJUDGED AND DECREED:**

1. That any accounts which Respondent, \_\_\_\_\_ may have with \_\_\_\_\_ be frozen, and that the funds in any of said accounts not be withdrawn, spent or transferred without prior Order of this Court.

2. That \_\_\_\_\_ is hereby ordered to produce for the inspection of the \_\_\_\_\_ County Department of Social Services, all of its records pertaining to any accounts which Respondent may have with said financial institution.

3. That this Order is to remain in effect until \_\_\_\_\_, 2010, such date being ten (10) days after issuance of this order unless this Court for good cause shown extends it.

4. That the Petition seeking the relief granted by this Ex Parte Order by the \_\_\_\_\_ County Department of Social Services filed with a copy of said Order attached filed this day shall be served on the financial institution hereinabove named and on the caretaker of the Respondent, if any, and shall be brought on for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 2010, Courtroom \_\_\_\_\_. County Courthouse in \_\_\_\_\_, North Carolina for purposes of showing good cause as to why the inspection of financial records should not be done and for the setting of the time, date and place of inspection of such financial records, if necessary.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
District Court Judge