

ADULT SERVICES REFERRAL TO LEGAL

☐ Adult Protective Order

☐ Guardian of Person

☐ Guardian of the Estate

☐ General Guardian

☐ Interim Guardianship

☐ Limited Guardianship

☐ Motion to Modify:

TYPE OF APS: _____

Located at Vidant Medical Center:

☐ Yes ☐ No

Bill Vidant:

☐ Yes ☐ No

Background

Check

Completed:

☐ Yes ☐ No

Referral Date:

Social Worker:

Respondent:

ALL Diagnoses:

Social Security Number:

Date of Birth:

Current address of Respondent:

Addresses for the last 12 months:

Does Respondent have a license?

☐ Yes ☐ No

If you do not know, what efforts did you use to obtain that information?

State and Drivers License #:

Respondent's Banking Institution(s) & Account Number(s):

1.

2.

3.

Income, Insurance & Asset Information:

	VALUE	LOCATION OF ASSET

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Date of First APS Report: **Allegations and Outcome:**

Has there been a previous APS order?

☐ Yes ☐ No

If yes, please explain type of order, expiration, social worker and previous GAL:

The basis for the legal remedy requested above is as follows:

- 1. History with DSS:**

- 2. Collaterals contacted and information gained:**

- 3. Outcome of investigation related to most recent report:**

- 4. EXPLANATION OF LEGAL REMEDY REQUESTED (if not asking for limited or temporary legal remedy explain why):**

- 5. EXPECTATIONS FOR CLIENT IF LEGAL REMEDY IS GRANTED (include plan for living, services that will be offered, collateral participation, wrap around services):**

ATTACH FOLLOWING DOCUMENTATION in support of the relief requested:

- 1. Medical evidence and/or medical professional letters**
- 2. Bank statements, tax information, deeds etc.**
- 3. Insurance verification/Social Security confirmation**
- 4. Legal paperwork including P.O.A./Trusts/Wills/Previous guardianship paperwork**

List information and people that need to be subpoenaed (if necessary):

NAME	ADDRESS	PHONE NUMBER	EMAIL	FAX NUMBER

List ALL the Next of Kin of the Respondent:

NAME/RELATION	ADDRESS	EMAIL	PHONE NUMBER(S)

If no next of kin is locatable, list all efforts taken to locate next of kin:

For Guardianship: Who is the proposed guardian, list their relationship (if any), addresses, email, and phone numbers:

Explain why this family member is recommended over other relatives:

If the proposed Guardian is NOT a family member or next of kin, please explain why: