

(TYPE OR PRINT IN BLACK INK)

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name Of Juvenile

NOTICE OF HEARING IN JUVENILE PROCEEDING (ABUSE/NEGLECT/DEPENDENCY)

G.S. Chapter 7B

To The The Persons Named Below:

Juvenile, if age 12 or older

Name And Address

Name And Address

Parent Guardian Custodian Caretaker

Parent Guardian Custodian Caretaker

Name And Address

Name And Address

GAL DSS Foster Parent(s) Other _____

GAL DSS Foster Parent(s) Other _____

A hearing will be held at the date, time and location shown below in the above juvenile proceeding:

- 1. to determine the need for continued nonsecure custody. (G.S. 7B-506)
- 2. for adjudication of juvenile petition(s) filed on (date) _____ . (G.S. 7B-802)
- 3. for disposition of juvenile petition(s) filed on (date) _____ . (G.S. 7B-901)
- 4. to conduct a review pursuant to 7B-906. This matter was last reviewed on (date) _____ .
Subsequent review is required by law on or before (date) _____ .
- 5. to conduct a permanency planning hearing pursuant to G.S. 7B-907 to develop or review a plan to achieve a safe, permanent home for the juvenile within a reasonable period of time.
- 6. to conduct a post-termination of parental rights review pursuant to G.S. 7B-908.
- 7. to review the agency's plan for placement pursuant to G.S. 7B-909.
- 8. to determine the obligation of one or both parents to pay a reasonable sum for the support of the juvenile while in the custody of someone other than the parent(s). (G.S. 7B-904)
- 9. on the attached Motion.
- 10. Other:

Date Of Hearing

Time Of Hearing

AM PM

Location Of Hearing

Date Notice Issued

Signature

Deputy CSC

Clerk Of Superior Court

Assistant CSC

DSS Attorney

CERTIFICATE OF SERVICE

I certify that this Notice Of Hearing and a copy of any motion or other paper attached hereto were served as follows:

PERSON 1

Date	Name Of Person Served
------	-----------------------

- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 2

Date	Name Of Person Served
------	-----------------------

- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 3

Date	Name Of Person Served
------	-----------------------

- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 4

Date	Name Of Person Served
------	-----------------------

- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____

PERSON 5

Date	Name Of Person Served
------	-----------------------

- By depositing a copy enclosed in a post-paid, properly addressed envelope in a post office or official depository under the exclusive care and custody of the United States Postal Service, addressed as shown on reverse.
- By delivering a copy to the person named above.
- By delivering a copy to the attorney of record for the person named above.
- Other: (specify) _____

Name (Type Or Print)	Signature	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
		<input type="checkbox"/> Moving Party	<input type="checkbox"/> Atty. For Moving Party	<input type="checkbox"/> Other _____