

**STATE OF NORTH CAROLINA**

File No.

In The General Court Of Justice  
District Court Division

\_\_\_\_\_ County

**IN THE MATTER OF:**

Name And Address Of Respondent

Name And Address Of Petitioner

**NOTICE OF ORDER TO  
AUTHORIZE INSPECTION OF  
FINANCIAL RECORDS AND  
TO FREEZE ASSETS**

G.S. 53B-5, -7, 108A-106(f)

**To The Respondent:**

The director of the county department of social services filed a petition with the \_\_\_\_\_ County District Court and obtained an Order to Authorize Inspection of Financial Records and to Freeze Assets in your accounts(s). A Copy of the order is attached to this notice.

This order was sought because of the information and belief that you were being financially exploited by your caretaker. This order was obtained to stop the financial exploitation. Please read the order carefully to understand what the Court has ordered.

This notice is being served on you as required by G. S. 1A-1, Rule 4(j) of the North Carolina Rules of Civil Procedure. The following statement is required to be submitted to you prior to the inspection of your financial records:

*"Records or information held by the financial institution named in the attached process are being sought by government authority in accordance with the North Carolina Financial Privacy Act. You may have rights under the act to challenge access to the records or information. You must, however, act within 10 days from the date this notice was served on you to make a challenge in court or the records or information will be made available. You may wish to employ an attorney to represent you and protect your rights."*

You have 10 days from the day you receive this notice to file a motion with the Superior Court to quash or modify the order. You must also send a copy of the motion to the financial institution(s) named in the attached order and to the petitioner named above. If you do not do so, the inspection of your financial records will proceed.

Date \_\_\_\_\_ Name Of County DSS Attorney \_\_\_\_\_ Signature Of County DSS Attorney \_\_\_\_\_

**RETURN OF SERVICE**

I certify that this Notice and a copy of the Order to Authorize Inspection of Financial Records and to Freeze Assets were received and served as follows:

Date Served \_\_\_\_\_ Time Served  AM  PM Name Of Respondent \_\_\_\_\_

- By personally delivering the same to the person named above.
- By certified mail. (**NOTE:** See Affidavit of Service.)
- By leaving the same at the dwelling house or usual place of abode of the person named above with a person of suitable age and discretion then residing therein.

Name And Address Of Person With Whom Copies Left

The person was NOT served for the following reason. \_\_\_\_\_

Date Received \_\_\_\_\_ Name (Type Or Print) \_\_\_\_\_

Date Of Return \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_