

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 (Caretaker)

Name And Address Of Petitioner

**NOTICE OF HEARING
TO ENJOIN INTERFERENCE
WITH PROTECTIVE SERVICES
(Consenting Disabled Adult)**

G.S. 108A-104(b)

To The Respondent Named Above And Each Of The Persons Named Below:

Name And Address Of Disabled Adult

Name And Address Of Next Of Kin

Name And Address

Name And Address

Interest In Proceeding _____

Interest In Proceeding _____

Take notice that it has been alleged that you are caretaker for the above named Disabled Adult who is in need of protective services, and who has consented to the provision of such services. The above named petitioner has filed a petition with this Court alleging that you have refused to allow the provision of such services and requesting this Court 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 the date, time and location shown below.

At the hearing, evidence will be presented 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. Based on 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.

Date Of Hearing

Time Of Hearing

AM PM

Location Of Hearing

Date Notice Issued

Time Notice Issued

AM PM

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 petition or other paper attached hereto were served as follows:

RESPONDENT/CARETAKER

Date

Name Of Person Served

Address Where Delivered

- By depositing a copy 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 attorney of record for the person named above.
- By delivering a copy 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.
- By delivering a copy to the person named above.
- By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the addressee.
- Other: (specify) _____

Name (Type Or Print)

Signature

Moving Party

DSS Attorney

DISABLED ADULT

Date	Name Of Person Served	Address Where Delivered
<input type="checkbox"/> By depositing a copy 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. <input type="checkbox"/> By delivering a copy to the attorney of record for the person named above. <input type="checkbox"/> By delivering a copy 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. <input type="checkbox"/> By delivering a copy to the person named above. <input type="checkbox"/> By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the addressee. <input type="checkbox"/> Other: (specify) _____		
Name (Type Or Print)	Signature	<input type="checkbox"/> Moving Party <input type="checkbox"/> DSS Attorney

NEXT OF KIN

Date	Name Of Person Served	Address Where Delivered
<input type="checkbox"/> By depositing a copy 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. <input type="checkbox"/> By delivering a copy to the attorney of record for the person named above. <input type="checkbox"/> By delivering a copy 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. <input type="checkbox"/> By delivering a copy to the person named above. <input type="checkbox"/> By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the addressee. <input type="checkbox"/> Other: (specify) _____		
Name (Type Or Print)	Signature	<input type="checkbox"/> Moving Party <input type="checkbox"/> DSS Attorney

PERSON 1

Date	Name Of Person Served	Address Where Delivered
<input type="checkbox"/> By depositing a copy 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. <input type="checkbox"/> By delivering a copy to the attorney of record for the person named above. <input type="checkbox"/> By delivering a copy 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. <input type="checkbox"/> By delivering a copy to the person named above. <input type="checkbox"/> By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the addressee. <input type="checkbox"/> Other: (specify) _____		
Name (Type Or Print)	Signature	<input type="checkbox"/> Moving Party <input type="checkbox"/> DSS Attorney

PERSON 2

Date	Name Of Person Served	Address Where Delivered
<input type="checkbox"/> By depositing a copy 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. <input type="checkbox"/> By delivering a copy to the attorney of record for the person named above. <input type="checkbox"/> By delivering a copy 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. <input type="checkbox"/> By delivering a copy to the person named above. <input type="checkbox"/> By mailing a copy by certified or registered mail, return receipt requested, addressed to the person named above and delivering to the addressee. <input type="checkbox"/> Other: (specify) _____		
Name (Type Or Print)	Signature	<input type="checkbox"/> Moving Party <input type="checkbox"/> Atty. For Moving Party <input type="checkbox"/> DSS Attorney