

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
Superior Court Division
Before The Clerk

IN THE MATTER OF:

**PETITION FOR ADJUDICATION
OF INCOMPETENCE AND
APPLICATION FOR
APPOINTMENT OF GUARDIAN
 AND INTERIM GUARDIAN**

G.S. 35A-1105, 35A-1114, 35A-1210

Name And Address Of Respondent

County Of Residence Of Respondent

Social Security No. Of Respondent

Date Of Birth

Name And Address Of Attorney For Petitioner

Drivers License No. Of Respondent

State

Name And Address Of Petitioner

Telephone No.

Attorney Bar No.

Petitioner's Relationship To Respondent Or Interest In Proceeding

County Of Residence Of Petitioner

Telephone No.

Respondent Indigent

Jury Trial Requested

Name And Address Of Treatment Facility If Respondent Is An Inpatient In This County

The undersigned, being duly sworn, requests that the Court, after notice and hearing, adjudicate the respondent named above to be incompetent, and also applies for the appointment of the person(s) named below to serve, in the capacity indicated, as guardian(s) of the respondent.

In support of this Petition, the undersigned states;

1. The respondent is a resident of this county is domiciled in this county an inpatient in the facility named above or present in this county, it being impossible to determine his county of residence or domicile.

2. The respondent is incompetent in that:

he/she lacks sufficient capacity to manage his/her own affairs, to make or communicate important decisions concerning his/her person, family or property, as shown by the following facts: *(Set forth the facts which tend to show that the respondent is incompetent. Include cause of incompetence, which may be mental illness, mental retardation, epilepsy,*

he/she was adjudicated incompetent in another state in the proceeding identified below.

(NOTE: Attach certified copy of order to this Petition.)

Date Of Adjudication

State And County

File Or Other ID No.

3. The respondent's next of kin, if any, and other persons known to have an interest in this proceeding are:

Name And Address		Name And Address	
County Of Residence	Telephone No.	County Of Residence	Telephone No.
Relationship To Respondent Or Interest In Proceeding		Relationship To Respondent Or Interest In Proceeding	
Name And Address		Name And Address	
County Of Residence	Telephone No.	County Of Residence	Telephone No.
Relationship To Respondent Or Interest In Proceeding		Relationship To Respondent Or Interest In Proceeding	

4. General statement of respondent's assets and liabilities, including any income and receivables to which he/she is entitled.

Assets	Liabilities	Incomes And Receivables
Real Property _____	Mortgage Loans _____	Wages And Salaries _____
Tangible Personal Property _____	Other Secured Loans _____	Rents _____
Bank Accounts etc. _____	Unsecured Loans _____	Pensions _____
Other Personal Property _____	Credit Cards _____	Allowances _____
		Insurance And Compensation _____
		Social Security _____

5. The applicant recommends that the guardian(s) be:

Name And Address Of Proposed Guardian	Name And Address Of Proposed Guardian
<input type="checkbox"/> Of The Estate <input type="checkbox"/> Of The Person <input type="checkbox"/> General Guardian	<input type="checkbox"/> Of The Estate <input type="checkbox"/> Of The Person <input type="checkbox"/> General Guardian

MOTION FOR APPOINTMENT OF INTERIM GUARDIAN

- The petitioner also moves that the Court appoint an interim guardian because there is reasonable cause, as shown by the following facts, to believe that the respondent is incompetent, and needs an interim guardian to intervene on his/her behalf prior to the adjudication hearing in that:
- he/she is in a condition that constitutes or reasonably appears to constitute an imminent or foreseeable risk of harm to his/her physical well being and requires immediate intervention.
 - there is or reasonably appears to be an imminent or foreseeable risk of harm to his/her estate that requires immediate intervention in order to protect the respondent's interest. (Set forth facts, in addition to those above, which demonstrate need for immediate intervention. Be specific.)

VERIFICATION

I, the undersigned petitioner, have read this Petition and state that its contents are true to my own knowledge except those matters stated on information and belief, which I believe to be true.

SWORN AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature Of Person Authorized To Administer Oaths	Signature Of Petitioner
Date Commission Expires	Title Of Person Authorized To Administer Oaths	Name Of Petitioner (Type Or Print)

SEAL