

STATE OF NORTH CAROLINA

File # _____

County of _____

File # _____

IN THE MATTER OF

In The General Court of Justice
District Court Division

Petition For Order

Authorizing Protective Services

Name and Address of Respondent

The undersigned petitioner, _____
having sufficient knowledge to believe that the respondent is in need of protective
services, alleges:

1.
That the respondent is _____ years of age and is a resident of or can be found
in the above named county.

2.
That the respondent is a disabled adult who is in need of protective services, based
on the following specific facts:

3.
That the respondent lacks the capacity to consent to the provision of protective
services as indicated by the following specific facts:

4.
The name, address and telephone number of the respondent's caretaker is as follows:

5.

The names, addresses and telephone numbers of other persons who may be able to testify as to the facts supporting this petition are as follows:

Petitioner prays the court to hear this matter and to issue an order authorizing the provision of protective services. It is further requested that _____ be designated in the order as the party responsible for the performing or obtaining of essential services on behalf of the respondent or otherwise consenting to protective services in the respondent's behalf.

Sworn to and subscribed before me this
_____ day of _____, 19____

Deputy/Assistant Clerk of Superior Court

Petitioner

Title (Director of social Services or
his representative)

Address

Telephone Number