

STATE OF NORTH CAROLINA

File # _____

County of _____

Film # _____

In The Matter Of

In The General Court of Justice
District Court Division

**NOTICE OF HEARING
ON PROTECTIVE SERVICES**

Name and Address of Respondent

To the respondent named above -- GREETING:

TAKE NOTICE that it has been alleged, that you are a disabled adult who is being abused, neglected, or exploited and that you lack the capacity to consent to the provision of protective services. The County Department of Social Services has filed a petition with this court requesting an order authorizing protective services in your behalf .

You are hereby notified to appear at a hearing before a judge of the district court to be held at _____ o'clock, __am., on the _____ day of _____ . 19__ . at the _____ County Courthouse. You have the right to be represented by an attorney at the hearing. If you are indigent and cannot afford to pay an **attorney**, you should contact the clerk of superior court of the county named **above**.

At the hearing, evidence will be presented as to your condition and you will be allowed to present evidence. Upon the basis of the evidence presented, the judge will decide whether to enter an order authorizing protective services -in your behalf.

Issued at _____ o'clock. ____ .a., this _____ day of _____ . 20 ____.

Assistant/Clerk of Superior Court

This Notice shall also be served upon the caretaker or next of kin indicated below:

Caretaker or Next of Kin

Address

