

STATE OF NORTH CAROLINA

File # \_\_\_\_\_

County of \_\_\_\_\_

Film # \_\_\_\_\_

In The General Court of Justice  
District Court Division

IN THE MATTER OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Respondent

PETITION TO ENJOIN  
INTERFERENCE WITH PROTECTIVE SERVICES

The undersigned petitioner, \_\_\_\_\_, having sufficient knowledge to believe that the respondent is a caretaker who should be enjoined from interfering with the provision of protective services to a disabled adult in need of such services, alleges:

1.

That \_\_\_\_\_ is a disabled adult \_\_\_\_\_ years of age and is a resident of or can be found in the above named county.

2.

That the disabled adult-is in need of protective services. based on the following specific facts:

3.

That the respondent is a caretaker in relation to the disabled adult based on the following specific facts:

4.

That the disabled adult has consented to the receipt of protective services, based on the following specific facts:

5.

That the respondent caretaker has refused to allow the provision of such protective services, based on the following specific facts:

The names, addresses and telephone numbers of 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 enjoining the respondent caretaker from interfering with the provision of protective services to the disabled adult.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ • 20\_\_\_\_.

\_\_\_\_\_  
Deputy/Assistant Clerk of Superior Court

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Title (Director of Social Services or his representative)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number