

STATE OF NORTH CAROLINA

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

In The Matter Of

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

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

In The General Court of Justice  
District Court Division

NOTICE OF HEARING TO ENJOIN  
INTERFERENCE WITH PROTECTIVE SERVICES

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

To the respondent named above -- GREETING:

TAKE NOTICE that it has been alleged that you are the caretaker for \_\_\_\_\_ who is a disabled adult in need of protective services and who has consented to the provision of such services. The County Department of Social Services had filed a petition with this court alleging that you have refused to allow the provision of such services and requesting this court to 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 \_\_\_\_\_ o'clock, \_\_\_\_ . m., on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ . at the \_\_\_\_\_ County Courthouse.

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. Upon the basis of 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.

Issued at \_\_\_\_\_ o'clock, \_\_\_\_ . a., this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

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

This Notice shall also be served upon the **disabled adult indicated below:**

\_\_\_\_\_  
Disabled Adult

\_\_\_\_\_  
Address

RETURN OF SERVICE

I certify that this Notice was received on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and was served as follows:

On \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the following place: \_\_\_\_\_

By:  delivering a copy to him personally.  leaving a copy with \_\_\_\_\_ (fill in address where copy was delivered or left) who is a person of suitable age and discretion and who resides in the person's dwelling house or usual place of abode.

On \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the following place: \_\_\_\_\_

By:  delivering a copy to him personally.  leaving a copy with \_\_\_\_\_ (fill in address where copy was delivered or left) who is a person of suitable age and discretion and who resides in the person's dwelling house or usual place of abode.

If not served on person, state reason and give his name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
By \_\_\_\_\_ Deputy  
Date \_\_\_\_\_

ACCEPTANCE OF SERVICE BY RESPONDENT

This is to acknowledge that I received this Notice on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m., and that a copy of the Notice was retained by me.

\_\_\_\_\_  
Respondent

ACCEPTANCE OF SERVICE BY DISABLED ADULT

This is to acknowledge that I received this Notice on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m., and that a copy of the Notice was retained by me.

\_\_\_\_\_  
Disabled Adult