

STATE OF NORTH CAROLINA

File # _____

County of _____

Film P. _____

In The General Court of Justice
District Court Division

In The Matter Of

NOTICE OF HEARING

ON EMERGENCY 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 in need of emergency protective services. The County Department of Social Services has filed a petition with this court requesting an order authorizing emergency services in your behalf. The factual basis of the belief that emergency services are needed and a description of the exact services to be rendered -is contained in the petition, a copy of which is attached.

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. 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 emergency services on your behalf.

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

Assistant/Clerk of Superior Court

This Notice shall also be served upon the spouse, or if none , the adult children or next of kin or guardian indicated below:

Name

Address

Name

Address

Name

Address

