

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE GENERAL COURT OF JUSTICE
GENERAL COURT DIVISION
File No. _____

In the Matter of:

Name and Address of Respondent)

ADULT PROTECTIVE SERVICES
PETITION FOR INSPECTION OF
FINANCIAL RECORDS AND FOR
FINANCIAL ASSETS TO BE
FROZEN

_____, Petitioner, who is the duly authorized representative of the _____ County Department of Social Services with authority to bring this Petition, having sufficient knowledge or information to believe that a case has arisen which invokes the jurisdiction of this Court pursuant to the "Protection of the Abused, Neglected, Exploited, or Disabled Adult Act," alleges:

1.

That the above-named adult is _____ years of age and resides in the district at the address shown above.

2.

That said adult is a "disabled adult in need of protective services" as defined by N.C.G.S. 108A-101(d) and (e) in that:

3.

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

Based upon the above allegations, Petitioner submits that there is reasonable cause to believe that the respondent is a disabled adult who lacks the capacity to consent and is in need of protective services; that Respondent is being financially exploited by his caretaker; and that there is no other person currently able or willing to arrange for protective services for Respondent. Accordingly, sufficient grounds exist for this Court to order, pursuant to N.C.G.S. 108A-106(f), that said disabled adult's financial assets be frozen and not withdrawn, spent, or transferred without prior order of this Court, and to further order that said disabled adult's financial records be made available at a certain day and time for inspection by the petitioner.

Wherefore, Petitioner respectfully moves that an order issue pursuant to N.C.G.S. 108A-106(f) which freezes the disabled adult's accounts with _____ and precludes any withdrawal from said accounts without prior order of the Court; and which directs _____ to submit the records of _____ accounts with said bank for inspection. Additionally, petitioner prays that this Court authorize the provision of protective services for said disabled adult.

This the _____ day of _____, 20 _____.

G. S. 108A-106(f)

DSS-2338 (11/83)
Adult and Family Services Branch

Petitioner

Title (Director of Social Services or his
representative)

Address

Telephone Number

Verification

The undersigned, being first duly sworn, deposes and says that he is the Petitioner in the above entitled action, that he is a duly authorized representative of the _____ County Department of Social Services, and in this capacity has authority to bring this Petition; that he knows the contents of this Petition, and that the same are true to his own knowledge except as to those matters set forth upon information and belief, and as to those matters he believes them to be true.

Petitioner

Sworn to and subscribed before me,
this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: _____