

**STATE OF NORTH CAROLINA**

File No.

In The General Court Of Justice  
Superior Court Division  
Before the Clerk

\_\_\_\_\_ County

**IN THE MATTER OF:****PETITION FOR ADJUDICATION OF  
INCOMPETENCE AND APPLICATION FOR  
APPOINTMENT OF GUARDIAN  
OR LIMITED GUARDIAN  
 AND INTERIM GUARDIAN**

G.S. 35A-1105, -1112, -1114, -1210, -1113

Name And Address Of Respondent

County Of Residence Of Respondent

Date Of Birth

 Respondent Indigent

Respondent's Drivers License No.

State

Name And Address Of Attorney For Petitioner

Name And Address Of Petitioner

Telephone No. Of Petitioner's Attorney

State Bar No.

County Of Residence Of Petitioner

Telephone No. Of Petitioner

Name And Address Of Treatment Facility If Respondent Is An Inpatient

Petitioner's Relationship To Respondent Or Interest In Proceeding

The undersigned, being duly sworn, requests that the Court, after notice and hearing, adjudicate the respondent above to be incompetent, and also applies for the appointment of the person(s) named below to serve, in the capacity indicated, as guardian(s) of the respondent.

In support of this Petition, the undersigned states:

## 1. The respondent is

- a resident of this county.  
 domiciled in this county.  
 an inpatient in the facility named above.  
 present in this county, it being impossible to determine his/her county of residence or domicile.

## 2. The respondent is incompetent in that:

- he/she lacks sufficient capacity to manage his/her own affairs or to make or communicate important decisions concerning his/her person, family or property, as shown by the following facts: *(Set forth the facts which tend to show that the respondent is incompetent. Include cause of incompetence, which may be mental illness, mental retardation, epilepsy, cerebral palsy, autism, inebriety, senility, disease, injury, or other cause and give facts demonstrating lack of capacity. Be specific.)*

he/she was adjudicated incompetent in another state in the proceeding identified below. *(Attach certified copy of the order from the other state.)*

Date Of Adjudication

State And County

File Or Other ID No.

(Over)

3. The respondent's next of kin, if any, and other persons known to have an interest in this proceeding are:

Name And Address	Name And Address
Telephone No.	Telephone No.
Relationship To Respondent Or Interest In Proceeding	Relationship To Respondent Or Interest In Proceeding
Name And Address	Name And Address
Telephone No.	Telephone No.
Relationship To Respondent Or Interest In Proceeding	Relationship To Respondent Or Interest In Proceeding

4. General statement of respondent's assets and liabilities, including any income and receivables to which he/she is entitled:

<u>Assets</u>	<u>Liabilities</u>	<u>Income and Receivables</u>
Real Property \$ _____	Mortgage Loans \$ _____	Wages & Salaries \$ _____
Tangible Personal Property \$ _____	Other Secured Loans \$ _____	Rents \$ _____
Other Personal Property \$ _____	Unsecured Loans \$ _____	Pensions \$ _____
		Allowances \$ _____
There is a representative payee for government benefits. <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance & Compensation \$ _____
There is a Durable Power of Attorney in place. <input type="checkbox"/> Yes <input type="checkbox"/> No		Other (including SSI/SSDI) \$ _____
There is a special needs or other trust in place. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**5. CAPACITY INFORMATION**

Check here if in a coma, persistent vegetative state, or non-responsive and move on to Item 6.

A. **Language and Communication** (understands/participates in conversations, can read and write, understands signs such as "keep out," "men," "women")

has capacity.  lacks capacity. Comment: \_\_\_\_\_

B. **Nutrition** (makes independent decisions re: eating, prepares food, purchases food)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

C. **Personal Hygiene** (bathes, brushes teeth, uses proper hygiene when using the restroom)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

D. **Health Care** (makes and communicates choices re: medical treatment/caregivers, notifies others of illness, follows medication instructions, reaches emergency health care)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

E. **Personal Safety** (recognizes danger and seeks assistance as needed, protects self from exploitation/personal harm)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

F. **Residential** (makes and communicates decisions re: residence/roommates, maintains safe shelter)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

G. **Employment** (makes and communicates decisions re: employment, demonstrates vocational skills such as neatness and punctuality, writes or dictates application form)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

**IN THE MATTER OF**

File No. 

Name Of Respondent \_\_\_\_\_

H. **Independent Living** (follows a daily schedule, conducts housekeeping chores, uses community resources such as bank, store, post office)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

I. **Civil** (knows to contact advocate if being exploited, understands consequences of committing a crime, registers to vote)

has capacity.  lacks capacity. Comment: \_\_\_\_\_

**J. Financial**

1. Makes and communicates decisions about paying bills and spending discretionary money, and makes change for \$1, \$5, and \$20

has capacity.  lacks capacity. Comment: \_\_\_\_\_

2. Makes and communicates decisions regarding management of a personal bank account, savings, investments, real estate, and other substantial assets

has capacity.  lacks capacity. Comment: \_\_\_\_\_

3. Can resist attempts at financial exploitation by others

has capacity.  lacks capacity. Comment: \_\_\_\_\_

**6. RECOMMENDED GUARDIAN(S)**

Name And Address Of Proposed Guardian

Name And Address Of Proposed Guardian

Of The Estate  Of The Person  General Guardian

Of The Estate  Of The Person  General Guardian

**7. MOTION FOR APPOINTMENT OF INTERIM GUARDIAN**

**NOTE:** Do not complete unless an emergency requires immediate intervention.

The petitioner also moves that the Court appoint an interim guardian because there is reasonable cause, as shown by the following facts, to believe that the respondent is incompetent, and needs an interim guardian to intervene on his/her behalf prior to the adjudication hearing in that:

(Check all that apply)

he/she is in a condition that constitutes or reasonably appears to constitute an imminent or foreseeable risk of harm to his/her physical well-being and requires immediate intervention.

there is or reasonably appears to be an imminent or foreseeable risk of harm to his/her estate that requires immediate intervention in order to protect the respondent's interest.

(Set forth facts, in addition to those above, which demonstrate need for immediate intervention. Be specific.)

**VERIFICATION**

I, the undersigned petitioner, have read this Petition and state that its contents are true to my own knowledge except those matters stated on information and belief, which I believe are true.

**SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Date

Date Signature Of Person Authorized To Administer Oaths

Signature Of Petitioner

Deputy CSC  Assistant CSC  Clerk Of Superior Court

Notary Date Commission Expires

**SEAL**

County Where Notarized