

INTAKE FORM FOR INCOMPETENCY PROCEEDINGS

(1) The name, age, social security number, address, and county of residence of the respondent (individual sought to be declared incompetent):

(2) The name, address, and county of residence of the petitioner, and his interest in the proceeding:

(3) Statement of the respondent's assets and liabilities with an estimate of the value of any property, including any compensation, insurance, pension, or allowance to which he is entitled:

(4) A statement of the facts tending to show that the respondent is incompetent and the reason or reasons why the adjudication of incompetence is sought:

(5) The name, address, and county of residence of the respondent's next of kin and other persons known to have an interest in the proceeding:

(6) Has the respondent been declared incompetent in another state? If so, state the facts regarding the adjudication of respondent's incompetence by the court in that state, if an adjudication is sought on that basis pursuant to G.S. 35A-1113(1):

CONTACT INFORMATION FOR PETITIONER:

Name: _____

Address: _____

Telephone no.: _____

E-mail: _____

Relationship to Respondent: _____

CONTACT INFORMATION FOR PERSON(S) TO BE RECOMMENDED TO BE APPOINTED GUARDIAN:

Name:

Address:

Telephone no.:

Relationship to Respondent: