

**STATE OF NORTH CAROLINA**

File No.

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

\_\_\_\_\_ County

**IN THE MATTER OF**

**MOTION IN THE CAUSE FOR  
RESTORATION TO COMPETENCY**

G.S. 35A-1130

Full Name And Address Of Ward

County Of Residence Of Ward

Date Of Birth

Name And Address Of Attorney For Petitioner (if any)

State

Name And Address Of Petitioner

Telephone No. Of Petitioner's Attorney

State Bar No.

Name And Address Of Treatment Facility If Ward Is Inpatient Or Resident

Telephone No. Of Petitioner

Petitioner's Relationship To Ward Or Interest In Proceeding

Name And Address Of Current Guardian

Name And Address Of Current Co-Guardian (if any)

Of The Estate     Of The Person     General Guardian

Of The Estate     Of The Person     General Guardian

Telephone No. Of Current Guardian

Telephone No. Of Current Co-Guardian (if any)

The undersigned, being duly sworn, requests that the Court, after notice and hearing, adjudicate the ward above to be restored to competency.

In support of this Motion, the undersigned states:

1. The Court is currently exercising jurisdiction over the ward's original incompetency proceeding.
2. The following facts establish that the ward now has sufficient capacity to manage his/her own affairs and to make and communicate important decisions concerning his/her person, family and property: *(Set forth the facts which tend to show that the ward is competent. Give facts demonstrating that the ward presently has capacity. Be specific. See Section 3 for additional capacity information.)*

(Over)

### 3. ADDITIONAL CAPACITY INFORMATION

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: \_\_\_\_\_

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: \_\_\_\_\_

(Over)

**IN THE MATTER OF**

File No.

Name Of Ward

4. All other persons known to have an interest in the incompetency proceeding are:

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

**VERIFICATION**

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

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

Date

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Petitioner
<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court
<input type="checkbox"/> Notary	Date My Commission Expires	
<b>SEAL</b>	County Where Notarized	