

# STATE OF NORTH CAROLINA

File No.

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

\_\_\_\_\_ County

## IN THE MATTER OF

Name And Address Of Minor

County Of Residence Of Minor

Age

Name And Street Address, PO Box, City, State And Zip Code Of Petitioner

County Of Residence Of Petitioner

Name, Street Address, PO Box, City, State And Zip Code Of Proposed Standby Guardian(s)

County Of Residence

## PETITION FOR APPOINTMENT OF STANDBY GUARDIAN FOR MINOR

- GUARDIAN OF THE PERSON  
 GENERAL GUARDIAN

G.S. 35A-1373

Name, Street Address, PO Box, City, State And Zip Code Of Proposed Alternate Standby Guardian(s)

County Of Residence

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No  Yes: (explain)

The undersigned, being duly sworn, petitions for the appointment of the person(s) named above as standby guardian(s) or alternate standby guardian(s) of the minor child named above, to serve in the capacity indicated, with authority to become effective upon the death, incapacity, debilitation with consent or written consent of the petitioner. In support of this Petition, the petitioner states:

1. The minor resides or is domiciled in this county.
2. The petitioner is:  
 (a) the biological or adoptive parent of the minor.  
 (b) the guardian of the person or general guardian of the minor. (**NOTE:** If this option is checked, treat the petition as a motion in the cause in the original guardianship.)
3. The petitioner suffers from a progressively chronic illness or irreversibly fatal illness, in that: (State the basis for this statement, such as date and source of medical diagnosis; illness in question need not be identified.)

4. The biological or adoptive parent of the minor, who is not the petitioner is:

Name And Address Of Parent

- Mother  
 Father

5. Other persons known to have an interest in this proceeding are:

Name And Address

Name And Address

Relationship To Minor Or Interest In Proceeding

Relationship To Minor Or Interest In Proceeding

6. The following is a list of all court proceedings, in any state, involving the minor.

Plaintiff	Defendant	File No.	State, County And Court

7. The minor's estimated assets, liabilities, income and receivables: *(Complete if standby guardian will become general guardian.)*

ASSETS		LIABILITIES	
Description	Amount	Description	Amount
a. Cash And Uncashed Checks On Hand	\$	a. Obligations Secured By Minor's Property	\$
b. Bank Deposits		b. Other	
c. Stocks And Bonds			
d. Rights Of Action For Injury To Minor			
e. Real Property			
f. Annual Interest And Dividends			
g. Annual Rental Income			
h. Other			
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

Other resources available for the support of the minor (such as trust income, assets held by a custodian under the Uniform Transfer to Minors Act and Social Security Payments), which will not be administered by the standby guardian are:

**VERIFICATION**

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

Date		<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>	
Signature Of Petitioner		Date	Signature Of Person Authorized To Administer Oaths
		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
		<input type="checkbox"/> Notary	Date Commission Expires
		<b>SEAL</b>	County Where Notarized

**WAIVER OF NOTICE/CONSENT TO STANDBY GUARDIANSHIP**

Each of the undersigned hereby waives notice of a hearing on this Petition and consents to the appointment of the petitioner(s) as standby guardian(s) for the minor to serve in the capacity indicated.

Date	Signature	Date	Signature
Name (type or print)		Name (type or print)	
Relationship To Minor <input type="checkbox"/> Parent <input type="checkbox"/> Other _____		Relationship To Minor <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>	
Date	Signature Of Person Authorized To Administer Oaths	Date	Signature Of Person Authorized To Administer Oaths
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	
<input type="checkbox"/> Notary	Date Commission Expires	Date Commission Expires	<input type="checkbox"/> Notary
<b>SEAL</b>	County Where Notarized	County Where Notarized	<b>SEAL</b>

**NOTE:** A copy of this Petition and written notice of the time, date, and place set for a hearing, shall be served on any biological or adoptive parent of the minor who is not a petitioner and who does not sign the waiver and consent above, and any other person the clerk may direct, including the minor. Service shall be as provided by Rule 4 of the Rules of Civil Procedure unless the clerk directs otherwise. G.S. 35A-1373(c).