

STATE OF NORTH CAROLINA
COUNTY OF _____

IN THE SUPERIOR COURT
BEFORE THE CLERK

File No: _____ SP _____
_____ E _____

IN THE MATTER OF

PETITION FOR
RESTORATION TO COMPETENCY
AND REMOVAL OF GUARDIAN

Now comes Petitioner, _____, (hereinafter "Petitioner")
without counsel and shows unto the court:

1. This is a petition for restoration of competency pursuant to N.C. Gen. Stat § 35A-1130.
2. The ward was adjudicated incompetent on _____ by the Clerk of Superior Court of _____ County pursuant to a petition filed by _____.
3. Since the initial adjudication of incompetency, the ward has achieved significant progress in managing her/his personal affairs, and s/he no longer needs a guardian. The ward can now make the following decisions for her/himself:

4. The ward currently is capable of making choices for her/himself and communicate decisions about where s/he lives, her/his health, her/his nutrition, her/his personal care, her/his leisure time activities, transportation and employment.

5. The ward recognizes that s/he has a lifelong disability and that s/he needs treatment and help from others from time to time. The ward has good judgment about seeking assistance when s/he needs it.

6. The ward is no longer incompetent and no longer needs a guardian. The ward is capable of managing her/his personal and financial affairs including recognizing when s/he needs assistance and seeking the help s/he needs.

WHEREFORE, Petitioner moves the court as follows:

1. That the court appoint a Guardian Ad Litem to represent Respondent.
2. That the court hold a hearing in this matter as set out in N.C. Gen. Stat. §35A-1130(b).
3. That the court enter an order restoring _____ to competency.
4. That guardian be relieved of her/his duties and obligations.
5. For such other and further relief that the court may Order.

This the _____ day of _____, 20__.

_____, Pro Se

VERIFICATION

I, _____, affirm under penalty of perjury that I am the
Petitioner in the foregoing Petition to Restore Competency and that all statements in the Petition
are accurate to the best of my knowledge.

Signature

Date

Address,

Subscribed and sworn to before me
on this ____ day of _____, 20____.

Notary
(My Commission Expires: _____)

CERTIFICATE OF SERVICE

I herby certify that I have served a copy of the foregoing Petition For Restoration to Competency on all necessary parties by depositing a copy in the United States mail prepaid and addressed as follows:

Name and Address of Guardian

Name and Address of Original Petitioner

This the _____ day of _____, 20__.

,Petitioner