

STATE OF NORTH CAROLINA

Cumberland County

File No.

24SP001998-250

NOTE TO PETITIONER: If you are petitioning the court to accept guardianship on transfer from another state, this is not an appropriate form to use.

FILED

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

DATE: December 23, 2024

TIME: 12:57:19 PM

IN THE MATTER OF

CUMBERLAND COUNTY

Full Name Of Respondent

Heather Marie Williams

CLERK OF SUPERIOR COURT

Telephone No. Of Respondent

910-723-5300

BY: B. Beckham

Address Of Respondent

1509 Berkshire Road
Fayetteville, NC 28304

PETITION FOR ADJUDICATION OF
INCOMPETENCE AND APPLICATION FOR
APPOINTMENT OF GUARDIAN
OR LIMITED GUARDIAN

County Of Residence Of Respondent

Cumberland

Date Of Birth

4-30-1999

Race*

White

Sex*

K

*Race and sex are collected so that this information
may be transmitted to NICS in the event of a
qualifying adjudication under G.S. 14-409.43(a)(6).

G.S. 35A-1105, -1112, -1210; 35B-17, -18

☐ Respondent Indigent

Respondent's Drivers License No.

33694383

State

NC

Name And Address Of Attorney For Petitioner

Name And Address Of Petitioner

Mary Williams
5003 Liberty Rd
Greensboro NC 27406

Telephone No. Of Petitioner's Attorney

State Bar No.

Name And Address Of Treatment Facility If Respondent Is An Inpatient

County Of Residence Of Petitioner

Guilford

Telephone No. Of Petitioner

910-709-9484

Petitioner's Relationship To Respondent Or Interest In Proceeding

Sister

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. During the past twelve (12) months, the above-named respondent was physically present as follows:

Period of Physical Presence (include up to the 12 months prior to the filing date of the petition; do not list periods of temporary absence)		Address
From	To	
<u>2017</u>	<u>Present</u>	<u>1509 Berkshire Rd., Fayetteville NC 28304</u>

2. (check a. or check and complete b.) (NOTE: In both a. and b., "state" includes a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, a federally recognized Indian tribe, or any territory or insular possession subject to the jurisdiction of the United States.)

- ☐ a. There is no other pending proceeding involving the respondent in any court or agency of a state or foreign country.
☒ b. There is a pending proceeding(s) involving the respondent in the court or agency of a state or foreign country, as set forth below:

Location (County, State, and Country)	Type of Proceeding	File Number
<u>Cumberland, NC USA</u>		<u>23 CR 488800</u>

3. A North Carolina court has jurisdiction to rule on this petition and application.

4. 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.

(Over)

5. 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, intellectual disability, epilepsy, cerebral palsy, autism, inebriety, senility, disease, injury, or other cause and give facts demonstrating lack of capacity. Be specific.)

Heather Williams was hit by a car in Oct. 2015 which caused a severe Traumatic Brain injury. She is under the care of Cape Fear Valley Neurology for seizure disorder, frontal lobe and executive function deficit, she is under the care of Coastal Carolina neuropsychiatric center for Bipolar Disorder. Heather cannot handle her own affairs due to her TBI (traumatic brain disorder) disability. She is illiterate; TBI impaired her ability to read and write. She has aphasia where her expressive language is impaired and her cognitive skills are impaired due to TBI. Heathers memory is extremely low. Her daily living skills are low and her socialization skills are low. Special education was unsuccessful and she is the grade equivalent of 1.2 due to her TBI and an age equivalent between 8 + 9 years old. She has a history of danger to herself, attempting suicide several times, she is a danger to herself and other people she comes in contact with because she has behavioral issues and is most dangerous when she is trying to get what she wants. For example, she will threaten to jump out of a car and do it.

6. I considered the following less restrictive alternatives prior to seeking an adjudication of incompetence: (see Notes To Petitioner below and list the less restrictive alternatives that were considered)

I considered Power of Attorney

7. The less restrictive alternatives listed above are insufficient to meet the needs of the respondent because: (explain why these less restrictive alternatives are insufficient to meet the needs of the respondent)

Power of attorney will be ineffective because Heather does not listen to authority. She has no fear of the consequences of not listening to authority either. Due to her behavior she has been banned from going to a lot of places in Fayetteville.

NOTES TO PETITIONER: A less restrictive alternative is defined as an arrangement enabling a respondent to manage his or her affairs or to make or communicate important decisions concerning his or her person, property, and family that restricts fewer rights of the respondent than would the adjudication of incompetency and appointment of a guardian. This term includes supported decision making, appropriate and available technological assistance, appointment of a representative payee, and appointment of an agent by the respondent, including appointment under a power of attorney for health care or power of attorney for finances. G.S. 35A-1101(11a).

An adult, emancipated minor, or incompetent child does not lack capacity if, by means of a less restrictive alternative, he or she is able to sufficiently (i) manage his or her affairs and (ii) communicate important decisions concerning his or her person, family, and property. G.S. 35A-1101(7) and (8).

For adults, guardianship should always be a last resort and should only be imposed after less restrictive alternatives have been considered and found to be insufficient to meet the adult's needs. G.S. 35A-1201(7).

IN THE MATTER OF

File No.

Name Of Respondent

Heather Marie Williams

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

Name And Address

Theresa Williams
1509 Berkshire Road
Fayetteville NC 28304

Name And Address

Mary Williams
5003 Liberty Rd
Greensboro NC 27406

County Of Residence

Cumberland

Telephone No.

910 824 2636

County Of Residence

Guilford

Telephone No.

(910) 709-9484

Relationship To Respondent Or Interest In Proceeding

Mother

Relationship To Respondent Or Interest In Proceeding

Sister

Name And Address

Paul Williams
812 Southern Avenue
Fayetteville NC 28306

Name And Address

County Of Residence

Cumberland

Telephone No.

910 624 7530

County Of Residence

Telephone No.

Relationship To Respondent Or Interest In Proceeding

Father

Relationship To Respondent Or Interest In Proceeding

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

Assets

Real Property \$ _____

Tangible Personal Property \$ _____

Other Personal Property \$ _____

Liabilities

Mortgage Loans \$ _____

Other Secured Loans \$ _____

Unsecured Loans \$ _____

Income and Receivables

Wages & Salaries \$ _____

Rents \$ _____

Pensions \$ _____

Allowances \$ _____

Insurance & Compensation \$ _____

Other (including SSI/SSDI) \$ _____

- There is a representative payee for government benefits. ☒ Yes ☐ No
- There is a Durable Power of Attorney in place. ☐ Yes ☒ No
- There is a Healthcare Power of Attorney in place. ☒ Yes ☐ No
- There is a special needs or other trust in place. ☐ Yes ☒ No
- The respondent has health insurance through Medicaid, Medicare, or a private insurer. ☒ Yes ☐ No

10. CAPACITY INFORMATION

☐ Check here if in a coma, persistent vegetative state, or non-responsive and move on to Item 11.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: Due to traumatic brain injury, she cannot read or write. She can comprehend but cannot communicate veryB. **Nutrition** (makes independent decisions re: eating, prepares food, purchases food)☐ has capacity. ☒ lacks capacity. Comment: Well, she has a language impairment due to TBI called aphasia. Needs somebody to help her shop and prepare foodC. **Personal Hygiene** (bathes, brushes teeth, uses proper hygiene when using the restroom)☒ has capacity. ☐ lacks capacity. Comment: She can bathe and brush her teeth but only when she feels like it, she doesn't do it on a regular basis.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: Her mother takes her psychiatrist, neurologist, eye doctor, OB/GYN doctor, dentist etc. Her mother fills her medication needed for seizure control, anxiety, bipolar disorder, etc.

(Over)

10. CAPACITY INFORMATION, continued

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

☐ has capacity. ☒ lacks capacity. Comment: She will walk the streets in Fayetteville and jump in the car with any stranger

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: _____

11. RECOMMENDED GUARDIAN(S)

Name And Address Of Recommended Guardian

Mary Williams
5003 Liberty Rd
Greensboro NC 27406

☐ Of The Estate ☒ Of The Person ☒ General Guardian

Name And Address Of Recommended Guardian

☐ Of The Estate ☐ Of The Person ☐ General Guardian

NOTE: In certain circumstances, an interim guardian may be needed to intervene on a respondent's behalf prior to an adjudication hearing. To request that the Court appoint an interim guardian for the respondent, complete and file with the Court form AOC-SP-198, Motion For Appointment Of Interim Guardian.

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

12-23-24

Date

12-23-2024

Signature Of Person Authorized To Administer Oaths

Sara Pilotto

Signature Of Petitioner

Mary Williams

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

☒ Notary

Date My Commission Expires

09-05-2029

SEAL

County Where Notarized

Cumberland

SARA PILOTTO

Notary Public

Cumberland Co., North Carolina

My Commission Expires Sept. 5, 2029