NC GAL PROGRAM

NORTH CAROLINA GUARDIAN AD LITEM VOLUNTEER HANDBOOK

A Comprehensive Resource Guide for New GAL Advocates

Primary Focus: DSS Abuse, Neglect & Dependency Cases

Onslow County, North Carolina | 18th Judicial District

2026 Edition

This handbook is a resource guide. Always consult your supervising GAL staff and attorney advocate. Laws and resources change. Verify current information before relying on it in court.

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PART I

The NC Guardian ad Litem Program

Role, Law, and Expectations

1.1 What Is the NC Guardian ad Litem Program?

The North Carolina Guardian ad Litem (GAL) Program is a division of the North Carolina Administrative Office of the Courts, established by the General Assembly in 1983 in response to the federal Child Abuse Prevention and Treatment Act (CAPTA) of 1974. The program's mission is to equip trained community volunteers to advocate for the best interests of abused and neglected children in the North Carolina court system.

Under N.C.G.S. § 7B-601, when a petition alleging abuse, neglect, or dependency is filed in district court, the judge is required to appoint the GAL Program. Each child receives a two-member team: a volunteer GAL advocate (you) and a GAL attorney advocate. Together, this team represents the child's best interests — not the child's expressed preferences, not the parents' wishes, not DSS's position — the best interests of the child.

The Core Mission: You are the independent voice for a child who cannot effectively speak for themselves in a legal proceeding. Your job is to investigate, report, and advocate — and to keep coming back until the case is closed.

1.2 Legal Foundation & Governing Statutes

The following statutes form the legal foundation of your work. You do not need to memorize them, but you should know they exist and where to find them. Your supervising GAL staff and attorney advocate are your first resource for legal questions.

Key Statutes — NC General Statute Chapter 7B (The Juvenile Code)

- **G.S. § 7B-101** — Definitions: Abused, Neglected, and Dependent Juvenile
- **G.S. § 7B-301** — Duty to Report Abuse, Neglect, Dependency
- **G.S. § 7B-601** — Appointment and Duties of Guardian ad Litem

G.S. § 7B-700 — Adjudication Hearing

G.S. § 7B-901 — Dispositional Hearing

G.S. § 7B-906.1 — Review and Permanency Planning Hearings

G.S. § 7B-1111 — Grounds for Termination of Parental Rights

Note: The full text of Chapter 7B is available at www.ncleg.gov

Federal Law

CAPTA (42 U.S.C. § 5101 et seq.) — Child Abuse Prevention and Treatment Act — requires GAL appointment

ASFA (P.L. 105-89) — Adoption and Safe Families Act — drives the 12-month permanency timeline

ICWA (25 U.S.C. § 1901) — Indian Child Welfare Act — special procedures for Native American children

FFPSA (P.L. 115-123) — Family First Prevention Services Act — prioritizes prevention and family preservation

1.3 Your Role and Responsibilities as a GAL

G.S. § 7B-601 sets out your statutory duties. These are not suggestions — they are your legal responsibilities as an officer of the court.

Investigate: Conduct an independent investigation to determine the facts, the child's needs, and the resources available within the family and community.

Facilitate Settlement: Where appropriate, help facilitate the resolution of disputed issues between parties.

Present Evidence: Offer evidence and examine witnesses at adjudicatory and dispositional hearings.

Explore Options: Identify and present dispositional options to the court.

Monitor: Conduct follow-up investigations to ensure court orders are being executed.

Report Deficiencies: Report to the court when the child's needs are not being met.

Stay Until Released: Protect and promote the child's best interests until formally relieved by the court.

In Practice, This Means You Will:

- Visit the child in their placement (home, foster home, relative placement, etc.)
- Interview parents, caregivers, teachers, therapists, physicians, and others with knowledge of the child
- Read DSS reports, medical records, school records, and other documents
- Attend all court hearings
- Write and submit a court report before each hearing
- Accompany the child to court when appropriate
- Research available community resources for the child and family
- Maintain regular contact with your GAL attorney advocate

1.4 Who You Work With: The GAL Team

You do not work alone. The NC GAL Program is a team effort, and understanding your team is essential to doing your job well.

GAL Staff Supervisor

Your primary point of contact. Assigns cases, provides training, reviews court reports, and supports you through the case. Call them when you have questions — that is what they are there for.

GAL Attorney Advocate (AA)

An attorney paid by the GAL Program who represents the child in court. The AA files motions, examines witnesses, makes legal arguments, and ensures the child's legal rights are protected. You and the AA must communicate regularly and agree on the positions you will take in court.

DSS Social Worker

The caseworker assigned by the county Department of Social Services. DSS files the petition, develops the case plan, and is responsible for placement. The social worker and the GAL are independent — you work alongside each other but represent different interests.

DSS Attorney

The attorney who represents the county DSS. Not your attorney. Be professional and cordial, but remember your client is the child.

Parent Attorneys

Attorneys appointed to represent each parent. You may need to coordinate access to the child with them.

The Judge

The district court judge who hears child welfare cases. The judge reads your report and relies on it. Write it like the judge is reading every word — because they are.

Onslow County DSS

612 College St., Jacksonville, NC 28540 | (910) 455-4145 | Emergency: (910) 455-3113

1.5 Ethical Obligations and Confidentiality

As a court-appointed officer serving the judicial branch, you have serious ethical obligations. Breaching these obligations can harm the child, compromise the case, and expose you to personal liability.

- All case information is strictly confidential. Do not discuss case details with family, friends, or on social media.
- Your obligation is to the child's best interests — not to what the child wants, not to what the parents want, not to what DSS wants.

- You may not accept gifts from any party, family member, or interested person.
- Conflicts of interest must be reported to your GAL supervisor immediately.
- You are not a caseworker, therapist, or attorney. Do not provide legal advice, counseling, or case management services.
- Court records, reports, and case files are confidential under G.S. § 7B-2901. Handle them accordingly.
- When in doubt, call your GAL supervisor before acting.

1.6 Getting Started: Your First Steps on a Case

When you receive a new case assignment, follow this sequence:

Step 1 — Contact Your Attorney Advocate

Introduce yourself, exchange contact information, and discuss the case status and any upcoming hearings.

Step 2 — Review Available Records

Request and review the DSS court report, petition, and any orders already entered. Your GAL supervisor can help you access these.

Step 3 — Meet the Child

Visit the child in their current placement as soon as possible. For young children, observe their environment, behavior, and interactions. For older children, spend time building rapport before asking about difficult topics.

Step 4 — Interview Key Adults

Talk to parents, caregivers, teachers, therapists, and anyone else with relevant knowledge of the child. Document every contact.

Step 5 — Identify Resources

Based on what you learn, identify resources — mental health services, housing support, medical care, tutoring, etc. — that may benefit the child or family. Part III of this handbook is your starting point.

Step 6 — Write Your Report

Submit your court report to your AA and GAL supervisor well before the deadline. See Part V for guidance on writing the report.

PART II

The Child Welfare System in North Carolina

From Report to Permanency

2.1 How Cases Enter the System: DSS & CPS

Every GAL case begins with a report. Any person who suspects that a child is abused, neglected, or dependent is required by law (G.S. § 7B-301) to report that suspicion to the county Department of Social Services (DSS). This is not optional — North Carolina mandates reporting for all citizens, not just professionals.

Upon receiving a report, DSS Child Protective Services (CPS) must conduct an assessment — either a Family Assessment Response or an Investigative Assessment Response — to determine if abuse, neglect, or dependency has occurred and whether court intervention is necessary. If DSS concludes that court action is needed, it files a juvenile petition with the district court. That filing triggers the appointment of the GAL Program.

Onslow County CPS Contacts

Business hours: (910) 219-1955

After hours: (910) 455-3113

Physical: 612 College St., Jacksonville, NC 28540

2.2 Definitions: Abuse, Neglect, and Dependency

Understanding these definitions is foundational. They determine what the court must find in order to adjudicate a case and drive every subsequent decision. All definitions are found in G.S. § 7B-101.

Abused Juvenile

A juvenile under age 18 who: (a) is found to be a minor victim of human trafficking; OR whose parent, guardian, custodian, or caretaker: (b) inflicts or allows to be inflicted a serious physical injury by other than accidental means; (c) creates or allows to be created a substantial risk of serious physical injury; (d) uses or allows to be used cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; (e) commits or allows to be committed any act of sexual abuse; (f) creates or allows to be created serious emotional damage; or (g) encourages, directs, or approves of delinquent acts involving moral turpitude.

Neglected Juvenile

A juvenile who does not receive proper care, supervision, or discipline; who has been abandoned; who is not provided necessary medical care; who lives in an environment injurious to the child's welfare; or who has been placed for care or adoption in violation of law.

Dependent Juvenile

A juvenile in need of assistance or placement because (1) the juvenile has no parent, guardian, or custodian responsible for care or supervision; OR (2) the parent, guardian, or custodian is unable to provide for care or supervision and lacks an alternative care arrangement.

Important: A child may be adjudicated on one or more grounds. A case adjudicated as both abused and neglected is common. Your report should address all relevant grounds, not just the ones DSS alleges in the petition.

2.3 The Court Process: From Petition to Permanency

Child welfare cases move through a defined sequence of court proceedings. Understanding this sequence helps you know what the court needs from you at each stage.

Petition Filed

DSS files with the district court. The GAL Program is appointed.

Nonsecure Custody Hearing

Within 7 days if child is in nonsecure custody. Temporary placement is established.

Child Planning Conference (CPC)

Pre-hearing conference (not a court hearing) where parties discuss issues and develop an action plan.

Adjudicatory Hearing

The court determines whether the child is abused, neglected, and/or dependent. Rules of evidence apply.

Dispositional Hearing

Immediately following adjudication or within 30 days. The court determines placement, develops the case plan, and sets initial orders. Rules of evidence do not apply.

Review Hearing

Within 90 days of initial disposition if custody was not removed. Held at least every 6 months. Reviews compliance and progress.

Permanency Planning Hearing

Required when custody is removed. Within 12 months of removal, the court must establish a permanent plan for the child.

Termination of Parental Rights (TPR)

Filed when reunification is no longer the plan and adoption is the goal. Separate proceeding.

Post-TPR / Adoption

After TPR is granted, case continues until adoption is finalized or another permanent plan is achieved.

2.4 Hearing Types and the GAL's Role at Each

Nonsecure Custody Hearing

Your role is limited at this stage — the case is just beginning. Review any available information and be prepared to introduce yourself to the court.

Adjudicatory Hearing

This is a formal, adversarial hearing. Rules of evidence apply. Your AA will represent the child's legal interests. You may be called as a witness. Have your investigation notes organized and be prepared to testify about what you observed.

Dispositional Hearing

This is where your court report has the most impact. Submit it on time. The court uses your report — along with DSS's — to determine placement and set the case plan. Present your recommendations clearly.

Review Hearing

Monitor whether court orders are being followed. Has the child been seen by a therapist? Is visitation happening? Are parents completing their services? Update the court on the child's current status and needs.

Permanency Planning Hearing

The most consequential hearing for the child's future. The court must identify a permanent plan. Your report must clearly address whether reunification is in the child's best interests, and if not, what the best alternative permanent plan is (adoption, guardianship, long-term foster care, etc.).

2.5 Key Players in the Courtroom

The Judge: District court judge. Reads all reports. Makes all orders. Address the judge as 'Your Honor.'

DSS Attorney: Represents the county DSS. They will present the agency's case and call the social worker as a witness.

Parent Attorney(s): Appointed to represent each parent. They advocate for the parent's rights, not the child's.

GAL Attorney Advocate: Your partner. Represents the child's legal interests in court. Align with your AA before every hearing.

Social Worker: The DSS employee managing the family's case. A key information source for you.

Court Counselor: In some districts, a court counselor may also be involved in the case.

Court Reporter / Clerk: Maintains the official record of all proceedings.

2.6 Indian Child Welfare Act (ICWA)

If the child is or may be a member of a federally recognized Indian tribe, ICWA (25 U.S.C. § 1901 et seq.) applies. ICWA imposes significantly different procedural and substantive requirements, including mandatory tribal notification, a higher burden of proof, and a preference for placement with extended family or tribal members.

At the start of every case, ask whether the child or any parent has Native American heritage. If the answer is yes or unknown, notify your GAL supervisor and attorney advocate immediately. Failure to comply with ICWA can result in the entire case being invalidated.

PART III

External Resources

A Working Directory for GAL Advocates

This section is your field guide to the resources available for the children and families you serve. It is organized from local to national. Always start locally — a referral that works in Onslow County is more useful than a national program that has no presence here.

Important: Phone numbers, addresses, and service availability change. Verify all information before making a referral. Call the agency, confirm they are accepting new clients, and document who you spoke with and when.

3.1 Onslow County Local Resources

Child Advocacy & Forensic Services

One Place Child Advocacy Center of Onslow County

Multidisciplinary team response to abuse reports. Forensic interviews, medical exams, mental health services (TF-CBT, AF-CBT, CFTSI), family advocacy. The primary CAC for Onslow County. Accredited by the National Children's Alliance.

Phone: (910) 353-0780

Address: Jacksonville, NC

Web: www.oneplaceonslow.org

Department of Social Services

Onslow County Department of Social Services (DSS)

CPS intake, child welfare services, food assistance, Medicaid, housing assistance, adult protective services, and child support enforcement.

Phone: (910) 455-4145 | Emergency: (910) 455-3113

Address: 612 College St., Jacksonville, NC 28540 (P.O. Box 1379, 28541)

Web: www.onslowcountync.gov/433/About-Social-Services

Mental Health & Behavioral Health

Trillium Health Resources (LME/MCO — Onslow County)

The Local Management Entity / Managed Care Organization responsible for all Medicaid and state-funded mental health, substance use, and IDD services in Onslow County. First call for behavioral health referrals. Manages the provider network. The Onslow County Government is a Trillium credentialed provider for children ages 4-12 including co-occurring mental health and substance use, and crisis management. Contact: Campbell Fletcher (910) 989-5085.

Phone: 1-877-685-2415 (Access to Care) | 1-855-345-1200 (Mobile Crisis)

Web: www.trilliumhealthresources.org

RHA Health Services — Mobile Crisis Response Team

Mobile crisis response for residents of Onslow County and surrounding counties. Coordinate through Trillium Access to Care line: 1-877-685-2415.

Basic Needs: Food, Shelter, and Clothing

Onslow Community Outreach, Inc.

Emergency shelter, soup kitchen, medical clinics, dental clinic, and clothing for work and professional requirements. Healthcare, public education, and workers' rights assistance.

Address: Jacksonville, NC

Onslow County Schools — Free and Reduced Lunch / McKinney-Vento

Children who are homeless (including those in foster care) may qualify for McKinney-Vento protections, including immediate enrollment, transportation assistance, and free meals. Contact the school's McKinney-Vento liaison.

Web: www.onslow.k12.nc.us

Domestic Violence and Sexual Assault

Onslow Women's Center

Emergency shelter, legal advocacy, counseling, and support services for survivors of domestic violence and sexual assault. If a child has witnessed domestic violence, this agency can be a critical resource for the non-offending parent.

Phone: 24-Hour Crisis Line: (910) 347-4000

Address: Jacksonville, NC

Web: www.onslowwomenscenter.org

Military Family Resources (Onslow County)

Onslow County is home to Marine Corps Base Camp Lejeune and Marine Corps Air Station New River. Military families face unique stressors — deployment, relocation, combat trauma — that can complicate child welfare cases. Key resources include:

Marine Corps Family Services — Fleet and Family Support Center

Financial counseling, family advocacy program, counseling services, deployment support, and relocation assistance for active duty Marine and Navy families.

Address: Building 66, Corner of Holcomb Blvd. & Molly Pitcher Blvd., Camp Lejeune

Marine Corps Community Services (MCCS)

Child development centers, youth programs, family support, and community programming.

Address: Camp Lejeune

Veterans Affairs Medical Center — Jacksonville CBOC

VA outpatient health care for eligible veterans including mental health services.

Address: Building 60, Molly Pitcher Rd., Camp Lejeune, NC 28547

Military OneSource

24/7 support for military families including counseling, financial assistance referrals, and special needs resources. Available to active duty, Guard, and Reserve members.

Phone: 1-800-342-9647

Web: www.militaryonesource.mil

3.2 NC Statewide Resources

NC 211

The primary statewide resource referral line. Connects individuals with health and human services in their county. Available 24/7. An excellent starting point when you do not know where to refer a family.

Phone: 2-1-1 (toll-free)

Web: www.nc211.org

NC Department of Health and Human Services (NCDHHS)

Umbrella state agency overseeing DSS, Medicaid, behavioral health, public health, and child welfare. The Local DSS Directory is available at: www.ncdhhs.gov/localDSS

Web: www.ncdhhs.gov

NC Child Treatment Program (NC CTP)

Statewide initiative training mental health providers in evidence-based trauma treatment models for children. Maintains a statewide provider roster. Models include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), and Alternatives for Families CBT (AF-CBT).

Web: www.ncchildtreatmentprogram.org

NC Child Welfare Trauma-Informed Assessment (CWTIA)

Mandated by Session Law 2023-134. A standardized trauma-informed comprehensive clinical assessment for children with child welfare involvement. Identifies mental health, substance use, and IDD needs. Ask DSS if this assessment has been completed for your child.

Web: www.ncdhhs.gov

Legal Aid of North Carolina

Free civil legal services for low-income North Carolinians. Handles domestic violence, housing, benefits, and some family law matters. Cannot represent parties in DSS cases but may assist families with related civil matters.

Phone: 1-866-219-5262

Web: www.legalaidnc.org

NC Guardian ad Litem Program — State Office

Your program's home base. Contains training materials, forms, resources for GAL attorney advocates, and program information. The Resources for GAL Attorney Advocates page includes worksheets and checklists for adjudication, disposition, review, and permanency planning.

Web: www.nccourts.gov/programs/guardian-ad-litem

School of Government — UNC Chapel Hill

Publishes the definitive legal manuals on NC juvenile law, including the comprehensive Abuse, Neglect and Dependency manual used by all child welfare attorneys in the state. Available online at the SOG website.

Web: www.sog.unc.edu

Prevent Child Abuse NC

Prevention-focused statewide nonprofit. Resources on reporting, prevention programs, and parenting support.

Phone: 1-800-CHILDREN

Web: www.preventchildabusenc.org

3.3 Federal and National Resources

Child Welfare Information Gateway (CWIG)

Federal clearinghouse maintained by the U.S. Children's Bureau. Extensive library of resources on all aspects of child welfare, foster care, adoption, and family support. An excellent research tool for GALs.

Web: www.childwelfare.gov

National Court Appointed Special Advocates / Guardian ad Litem Association (NCASAGAL)

The national organization supporting CASA/GAL programs across the country. Training resources, advocacy materials, and program support. Many CASA resources apply directly to NC GAL volunteer work.

Web: www.casaforchildren.org

National Children's Alliance (NCA)

Accrediting body for Child Advocacy Centers nationwide. One Place Onslow County is an NCA-accredited CAC. Standards and resources available on the NCA website.

Web: www.nationalchildrensalliance.org

3.4 Mental Health and Trauma Resources

National Child Traumatic Stress Network (NCTSN)

The premier national resource on childhood trauma. Tools and materials for child welfare professionals, caregivers, and educators. Resources include trauma screening tools, treatment model descriptions, and guidance for working with specific populations (military children, foster youth, LGBTQ+ youth, etc.).

Web: www.nctsn.org

Center for Child & Family Health (CCFH) — NC

Durham-based nonprofit that houses the NC Child Treatment Program. Trains clinicians statewide in evidence-based trauma treatment.

Web: www.ccfhnc.org

Darkness to Light

National organization focused on preventing child sexual abuse. Training programs and resources for adults working with children.

Web: www.d2l.org

3.5 Substance Abuse Resources

SAMHSA National Helpline

Free, confidential, 24/7 treatment referral and information service for substance use disorders. Available in English and Spanish.

Phone: 1-800-662-4357

Web: www.samhsa.gov

Trillium Health Resources — Substance Use Services

Manages state-funded substance use treatment services in Onslow County. First point of contact for substance use referrals for Medicaid-eligible individuals.

Phone: 1-877-685-2415

Web: www.trilliumhealthresources.org

NC Opioid Resources

State resources addressing the opioid crisis, including treatment locators and harm reduction information. Onslow County has received NC opioid settlement funds for treatment and recovery programs.

Web: www.nc.gov/opioid-resources

3.6 Housing and Basic Needs Resources

NC 211 — Housing Search

Search by county for emergency housing, rental assistance, utility assistance, and food resources.

Phone: 2-1-1

Web: www.nc211.org

Onslow County Housing Authority

Administers public housing and Housing Choice Voucher (Section 8) programs in Onslow County.

Phone: (910) 347-4106

Address: Jacksonville, NC

NC Emergency Rental Assistance

State and federal rental assistance programs. Availability changes — check NCDHHS website for current programs.

Web: www.ncdhhs.gov

3.7 Education and School-Based Resources

Onslow County Schools

Every child in DSS custody has the right to immediate school enrollment under the McKinney-Vento Homeless Assistance Act. Contact the district's McKinney-Vento liaison for children experiencing educational instability due to placement changes.

Phone: (910) 455-2211

Web: www.onslow.k12.nc.us

As a GAL, you have the right to request educational records from the child's school. Review records for: attendance, grades, IEPs or 504 plans, disciplinary incidents, and any school-based counseling services. Educational stability is a key factor in permanency planning.

3.8 Legal Aid and Pro Bono Resources

Legal Aid of North Carolina — Eastern NC

Free civil legal services. Cannot represent parties in DSS proceedings but can assist families with expunctions, housing disputes, benefits, and related civil matters.

Phone: 1-866-219-5262

Web: www.legalaidnc.org

NC State Bar Lawyer Referral Service

Referral to private attorneys for matters not covered by Legal Aid.

Phone: 1-800-662-7660

Web: www.ncbar.gov

3.9 Resources for Children Specifically

NC LINKS Program (Youth Transitioning from Foster Care)

Serves foster youth ages 13-21 preparing for transition to adulthood. Life skills, education support, employment assistance, and housing resources. Ask DSS if your youth is enrolled.

Web: www.nclinks.org

Fostering Futures NC Scholarship

Free tuition at NC community colleges and universities for youth who aged out of foster care. Youth in care should be informed of this benefit early.

Web: www.cfnc.org

National Human Trafficking Hotline

24/7 confidential support for trafficking victims. One Place Onslow has seen a 36% increase in child trafficking victims (2023-2024). Be alert to signs of trafficking in your cases.

Phone: 1-888-373-7888 | Text: HELP or INFO to 233733

Web: www.humantraffickinghotline.org

PART IV

Working with Children

Development, Trauma, and the Child's Voice

4.1 Child Development Basics

Understanding child development helps you interpret what you observe and tailor how you interact with children at different ages. The following is a brief overview — not a clinical guide, but a practical framework for a GAL.

Infants & Toddlers (0-3)

Cannot verbally report experiences. Observe attachment, responsiveness to caregivers, physical condition, and environment safety. Look for signs of failure to thrive, fear of adults, or developmental delays.

Preschool (3-5)

Beginning to verbalize but may lack vocabulary for complex experiences. Use play-based interaction. Observe affect, behavior, and attachment to caregivers. Do not ask leading questions.

School Age (6-11)

Can participate more fully in conversation. Ask open-ended questions. They may be protective of parents or feel responsible for family problems. Build rapport before difficult topics.

Adolescents (12-17)

May be resistant to authority figures. Respect their views and take them seriously. Their wishes carry more weight with the court as they age. Discuss confidentiality honestly.

4.2 Trauma-Informed Practice

Approximately 85% of youth involved in the child welfare system have been exposed to at least one potentially traumatic event. Trauma changes how children think, feel, behave, and relate to adults. A trauma-informed GAL recognizes this and adapts accordingly.

• Safety first. Children who feel unsafe cannot engage. Ensure your interactions feel predictable, calm, and child-centered.

• Avoid re-traumatization. Do not repeatedly ask children to describe abuse or trauma incidents. One careful conversation is enough.

• Assume trauma has occurred, even if the child does not disclose it.

• Behavior is communication. Aggression, withdrawal, sexualized behavior, and regression are often trauma responses, not character flaws.

• Trauma affects memory. Children may not recall details in a linear way. This does not mean they are lying.

• Stabilize before asking hard questions. Build trust first.

Key Trauma Treatments You May Encounter

TF-CBT (Trauma-Focused Cognitive Behavioral Therapy): Evidence-based treatment for children and adolescents with PTSD and trauma-related symptoms. Available at One Place Onslow.

AF-CBT (Alternatives for Families CBT): Designed to improve relationships between children and caregivers in families with conflict or physical punishment concerns.

PCIT (Parent-Child Interaction Therapy): Focuses on improving the parent-child relationship and managing child behavior. Effective for young children.

CFTSI (Child Family Traumatic Stress Intervention): Short-term early intervention for children following trauma. Available at One Place Onslow.

4.3 Interviewing Children

Your job is to understand the child's situation, needs, and wishes — not to conduct a forensic interview. Leave forensic interviewing to trained professionals at One Place Onslow. Your interviews are advocacy interviews.

• Meet the child in a comfortable, private, and age-appropriate setting.

• Introduce yourself clearly: 'I am [Name]. I am not a police officer or a social worker. My job is to make sure the judge knows what is important to you.'

• Ask open-ended questions: 'Tell me about your day' rather than 'Did someone hurt you?'

• Do not promise outcomes you cannot guarantee.

• Listen more than you talk.

• Document your observations, not just the child's words.

• Never interview a child in the presence of a parent or person accused of abuse.

• If a child discloses new abuse during your visit, report it immediately to DSS and your GAL supervisor.

4.4 Cultural Competency

The children and families you serve come from diverse backgrounds. Cultural competency is not optional — it is essential to effective advocacy.

- Do not assume your understanding of 'normal' family life is universal.
- Language barriers require a professional interpreter — never use a child or family member to interpret.
- Request a court-appointed interpreter if needed through your GAL attorney advocate.
- Racial disparities exist throughout the child welfare system. Be aware of implicit bias.
- Military culture, rural culture, and religious practices all shape how families experience the child welfare system.

4.5 The Child's Voice in Court

Your role is to advocate for the child's best interests, which may or may not align with the child's expressed wishes. For older children, the child's preferences carry significant weight with the court. You must report the child's wishes accurately — even if you disagree with them — and then make your recommendation based on best interests.

Children aged 12 and older are entitled to notice of court hearings under G.S. § 7B-906.1(b) and may address the court directly. Discuss this right with your attorney advocate.

PART V

Navigating the Court

Reports, Hearings, and Professional Practice

5.1 Courtroom Etiquette and Procedure

- Arrive early. Child welfare hearings move quickly. Know your case number and the judge's courtroom.
- Dress professionally. You represent the GAL Program and the child.
- Address the judge as 'Your Honor.' Stand when the judge enters and exits.
- Do not speak to parties or their attorneys about the case in the hallway without your attorney advocate present.
- Your court report must be shared with all parties before the hearing. Confirm with your AA that it has been distributed.
- Turn off your phone. If you must use notes, keep them organized.
- When the judge asks for the GAL's position, defer to your attorney advocate to present it — unless you are testifying.

5.2 Preparing Your Court Report

The court report is your primary contribution to the case. It is filed before every hearing and becomes part of the official court record. Write it clearly, factually, and professionally. See Annex A for blank and completed templates for each report type.

Core Principles of a Strong GAL Report

- Facts first, opinions last. Distinguish between what you observed, what others told you, and what you recommend.
- Cite your sources. 'Per the DSS court report dated [date]...' or 'Per my interview with [name] on [date]...'
- Be specific. 'The child appeared well-nourished and comfortable with the foster parent' is stronger than 'the child seemed fine.'
- Address the child's needs. Every report should address the child's physical, emotional, educational, and developmental needs.

- Report the child's wishes. For children old enough to express a preference, report it accurately and completely.
- Make a clear recommendation. Tell the court what you believe is in the child's best interests and why.
- Submit on time. A late report is worse than an imperfect one. Your AA needs it to prepare.

5.3 Testifying as a GAL

You may be called as a witness at hearings. The following guidance applies:

- Tell the truth. You are under oath.
- Listen to the question carefully. Answer only what is asked.
- If you do not know, say you do not know.
- Refer to your notes and report if needed.
- Your attorney advocate will conduct direct examination. Other attorneys will cross-examine you.
- Do not argue with attorneys. If a question is objected to, wait for the judge's ruling before answering.
- Speak to the judge, not to the attorney asking the question.

5.4 Common Pitfalls for New GALs

Over-identifying with the child

It is natural to feel strongly about the children you serve. But emotional attachment can cloud your objectivity. Your job is to advocate for best interests, not to rescue.

Over-identifying with the parents

Parents may tell compelling stories. Remember: your client is the child.

Missing visits

Consistency matters enormously to children who have already experienced abandonment. Keep your scheduled visits.

Late reports

Your AA and the court depend on your report. Build in time for review and revision.

Acting outside your role

You are not a therapist, caseworker, or attorney. Do not provide counseling, make placements, or give legal advice.

Failing to communicate with your AA

Your AA can only advocate effectively if you keep them informed. Communicate changes, new information, and concerns promptly.

Burning out

This work is meaningful and hard. Use your GAL supervisor for support. Recognize the signs of secondary traumatic stress and seek help when needed.

PART ANNEX A

Court Report Templates

Blank Templates and Completed Examples

This annex contains court report templates used in NC GAL cases. Each template is provided in two versions: a blank form for use in your cases, and a completed example with fictional but realistic content demonstrating effective reporting practice. All names and details in the completed examples are entirely fictitious.

Important: These templates reflect standard practice and statutory requirements under G.S. Chapter 7B. Your supervising GAL staff may have additional local requirements. Always confirm the current format with your GAL supervisor before submitting a report to court.

A.1 GAL COURT REPORT — BLANK TEMPLATE

Instructions: Complete all sections. Submit to your GAL Attorney Advocate and GAL Supervisor at least 5 business days before the hearing. Ensure all parties receive a copy.

IN THE GENERAL COURT OF JUSTICE	
DISTRICT COURT DIVISION	
COUNTY OF ONSLOW	File No: _____
IN THE MATTER OF:	Hearing Type: _____
	Hearing Date: _____
(Minor Child)	

GUARDIAN AD LITEM COURT REPORT

SECTION I — CASE IDENTIFICATION

Child's Name (initials only in report):

_____

Use initials or first name only to protect privacy.

Child's Date of Birth:

_____

Child's Age:

_____

Child's Current Placement:

_____

Specify: parent, foster home, relative, residential facility, etc.

Date of Petition:

_____

Date of GAL Appointment:

_____

GAL Volunteer Name:

_____

GAL Attorney Advocate:

_____

Report Prepared For (hearing type):

_____

e.g., Dispositional, Review, Permanency Planning

SECTION II — INVESTIGATION AND CONTACTS

Dates and Persons Contacted (list all contacts since last report):

_____

_____

_____

_____

_____

_____

Include: name, relationship to child, date of contact, and method (in-person, phone, email).

Documents Reviewed:

_____

_____

_____

List all records reviewed: DSS reports, school records, medical records, court orders, etc.

Dates and Locations of Child Visits:

_____

_____

_____

You must visit the child. Document each visit.

SECTION III — CURRENT STATUS OF THE CHILD

Physical Health and Medical Needs:

_____

_____

_____

Current health status, medications, medical appointments, unmet needs.

Mental and Emotional Health:

_____

_____

_____

Current counseling/therapy services, mental health status, trauma indicators.

Educational Status:

_____

_____

_____

Current school, grade, attendance, performance, IEP/504 if applicable.

Current Placement — Observations:

_____

_____

_____

Describe the placement, your observations of the environment, child's relationship with caregiver.

Sibling Relationships and Visitation:

_____

_____

Are siblings together? If separated, is sibling visitation occurring?

SECTION IV — PARENTAL STATUS AND CASE PLAN COMPLIANCE

Mother — Case Plan Services and Compliance:

_____

_____

_____

_____

List each court-ordered service, current compliance status, and any barriers.

Father — Case Plan Services and Compliance:

_____

_____

_____

_____

List each court-ordered service, current compliance status, and any barriers.

Visitation:

_____

_____

Is court-ordered visitation occurring? How often? How does the child respond?

SECTION V — CHILD'S WISHES

Child's Expressed Wishes (if age/maturity appropriate):

_____

_____

_____

_____

Report what the child told you, in the child's words where possible. If the child is too young to express a preference, note that.

SECTION VI — GAL ASSESSMENT AND RECOMMENDATIONS

GAL Assessment (narrative — what does the evidence show about the child's best interests?):

_____

_____

_____

_____

_____

_____

This is your analysis. Connect your investigation findings to your recommendations.

Recommended Disposition / Placement:

_____

_____

Recommended Services for Child:

_____

_____

Recommended Services for Parents / Caregivers:

_____

_____

Recommended Permanency Plan (if Permanency Hearing):

_____

_____

e.g., Reunification, Adoption, Guardianship, Another Planned Permanent Living Arrangement (APPLA)

Any Other Recommendations:

_____

SECTION VII — CERTIFICATION AND SIGNATURE

I hereby certify that the information contained in this report is accurate to the best of my knowledge, based on my independent investigation, and that this report has been provided to all parties as required.

GAL Volunteer Signature: _____ Date: _____

Printed Name: _____

GAL Staff Supervisor: _____ Date: _____

A.2 GAL COURT REPORT — COMPLETED EXAMPLE

EXAMPLE ONLY — All names, dates, and case details are entirely fictional. This example demonstrates effective reporting practice for a dispositional hearing in an abuse and neglect case.

IN THE GENERAL COURT OF JUSTICE	
DISTRICT COURT DIVISION	
COUNTY OF ONSLOW	File No: 25-JA-0142
IN THE MATTER OF: M.R. and T.R.	Hearing Type: Dispositional
	Hearing Date: April 15, 2025
(Minor Children)	

GUARDIAN AD LITEM COURT REPORT

SECTION I — CASE IDENTIFICATION

Child's Name:
M.R. (age 7) and T.R. (age 4)

Date of Petition:
November 3, 2024

Date of GAL Appointment:
November 10, 2024

Current Placement:
Licensed foster home — Mr. and Mrs. Patricia Lawson, Jacksonville, NC (non-relative)

Hearing Type:
Initial Dispositional Hearing

GAL Volunteer:
Sarah M. [GAL Volunteer]

GAL Attorney Advocate:
David K. [AA], Onslow County GAL Program

SECTION II — INVESTIGATION AND CONTACTS

Contacts Made Since Appointment:

• Nov. 14, 2024 — M.R. and T.R. — in-person visit, Lawson foster home

• Nov. 14, 2024 — Patricia Lawson (foster mother) — in-person interview

• Nov. 18, 2024 — DSS Social Worker, Jane Alvarez — phone interview

• Nov. 20, 2024 — M.R.'s teacher, Mrs. Chen (Jefferson Elementary, Gr. 2) — phone interview

• Nov. 25, 2024 — Mother, Angela R. — in-person at DSS offices (supervised setting)

• Dec. 2, 2024 — M.R. and T.R. — in-person visit, Lawson foster home

• Dec. 5, 2024 — One Place Onslow (clinical staff) — consultation re: forensic interview

Documents Reviewed:

DSS Petition (Nov. 3, 2024); Nonsecure Custody Order (Nov. 3, 2024); DSS Court Report (received Dec. 10, 2024); Jefferson Elementary school records for M.R.; One Place Onslow forensic interview summary; NC Vital Records — birth certificates for both children.

SECTION III — CURRENT STATUS OF THE CHILD

Physical Health:

Both children appear healthy and well-nourished. M.R. (age 7) has no current medical concerns. T.R. (age 4) was evaluated at Onslow Memorial following removal and cleared with no acute injuries. T.R. has a well-child appointment scheduled for January 2025. No outstanding medical needs identified at this time.

Mental and Emotional Health:

M.R. has been referred to One Place Onslow for trauma-focused therapy (TF-CBT). First appointment scheduled January 6, 2025. Per foster mother Patricia Lawson, M.R. is sleeping poorly and has nightmares approximately 3 times per week. T.R. has exhibited regression in toilet training since placement. Per DSS, neither child received mental health services prior to removal. The GAL strongly supports the referral to One Place and urges the court to order that services begin without delay.

Educational Status:

M.R. attends Jefferson Elementary School, 2nd grade. Per teacher Mrs. Chen (interview Dec. 20, 2024), M.R. has 7 unexcused absences since September 2024, was performing at grade level prior to removal, and has been more distracted but engaged since placement. No IEP or 504 plan on file. McKinney-Vento enrollment protections were invoked to ensure M.R. could remain at Jefferson following placement change. T.R. is not yet school-age.

Current Placement Observations:

The Lawson foster home is clean, well-organized, and child-appropriate. The GAL observed both children interacting comfortably with Mrs. Lawson during both visits. Books, age-appropriate toys, and outdoor play space were available. Both children had their own beds. The GAL has no concerns about the placement. Mrs. Lawson is experienced, having fostered seven children over the past nine years.

Sibling Placement:

M.R. and T.R. are placed together in the Lawson home. The GAL strongly supports continued joint placement and urges the court to enter an order maintaining sibling placement absent extraordinary circumstances.

SECTION IV — PARENTAL STATUS AND CASE PLAN COMPLIANCE

Mother — Angela R.:

The petition alleges that both children were found in the care of their mother in a home with no food, no functioning utilities, and evidence of methamphetamine use. Mother has a prior CPS history in Onslow County (2022). Per DSS, a case plan has been developed. Mother's case plan requires: substance abuse assessment and treatment (referred to Trillium Health Resources), random drug screens, parenting classes, and stable housing. As of the date of this report, mother has not yet been assessed by Trillium. Drug screens on Nov. 18 and Dec. 1 returned positive for methamphetamine. Parenting class enrollment has not been confirmed. The GAL met with mother on Nov. 25. Mother was cooperative but minimized the extent of substance use. Mother stated she 'wants her children back.'

Father — Marcus R.:

Father's whereabouts were unknown at time of petition. DSS has made efforts to locate him via state records and family contacts. As of the date of this report, father has not appeared and has not contacted DSS or the GAL. The GAL has been unable to interview father. Paternity is established by birth certificate for both children.

Visitation:

Court-ordered supervised visitation with mother (1 hour per week at DSS offices) was scheduled to begin December 9, 2024. Mother attended one of two scheduled visits. Per Mrs. Lawson and DSS, M.R. was anxious before and after both scheduled visits. Following the December 9 visit, M.R. had nightmares for three consecutive nights per foster mother. The GAL recommends the court review the frequency and therapeutic support for visitation in light of M.R.'s observable distress.

SECTION V — CHILD'S WISHES

M.R.'s Expressed Wishes:

During the GAL's December 2 visit, M.R. stated: 'I want to go home but I want Mommy to stop being sick.' M.R. asked if the GAL could make sure T.R. stays with him. M.R. expressed sadness about his mother and did not speak negatively about her. The GAL reports these wishes accurately while noting that M.R.'s expressed desire to return home must be balanced against the current safety concerns.

T.R.'s Expressed Wishes:

T.R. (age 4) is too young to express a coherent preference. T.R. was observed to be affectionate with Mrs. Lawson and played contentedly during both visits.

SECTION VI — GAL ASSESSMENT AND RECOMMENDATIONS

GAL Assessment:

Both children were removed from circumstances that presented an immediate and serious risk to their safety and welfare. The current foster placement is stable, nurturing, and meeting the children's immediate needs. The GAL's primary concerns at this stage are: (1) the mother's unaddressed substance use and the absence of meaningful case plan engagement in the 40 days since removal; (2) the impact of visitation on M.R.'s emotional stability; and (3) the unknown status of the father and the potential impact on permanency. The GAL finds that the children cannot safely return home at this time and that reunification, while a worthy goal, must be conditioned on demonstrated and sustained sobriety, stable housing, and parenting competency.

Recommended Disposition / Placement:

GAL recommends children remain in the licensed foster home of Patricia Lawson pending further review. Joint sibling placement should be ordered.

Recommended Services for Children:

1. TF-CBT for M.R. at One Place Onslow — begin January 2025. 2. Developmental screening for T.R. through Trillium / local early intervention. 3. Continued McKinney-Vento protections for M.R.'s school enrollment.

Recommended Services for Mother:

1. Substance abuse assessment and treatment through Trillium Health Resources — with compliance deadline set by court. 2. Random drug screens — at minimum bi-weekly. 3. Parenting classes — enrollment within 30 days. 4. Stable housing — document within 60 days. 5. Therapeutic support for visitation if clinically recommended.

Recommended Permanency Plan:

Primary: Reunification, contingent on demonstrated compliance with case plan. Secondary: Adoption, with consent of foster family if willing.

Additional Recommendations:

The GAL requests the court order a diligent search for the father to be filed and completed prior to the next review hearing. The GAL also requests the court order that One Place Onslow be authorized to share clinical information with the GAL and attorney advocate as permitted by applicable law.

SECTION VII — CERTIFICATION

I hereby certify that the information contained in this report is accurate to the best of my knowledge, based on my independent investigation, and that this report has been provided to all parties as required.

Sarah M. [GAL Volunteer] | Date: April 8, 2025

Reviewed: [GAL Supervisor] | Date: April 9, 2025

A.3 CASE CONTACT LOG — BLANK

Maintain this log throughout the life of the case. Document every contact you make — with the child, parents, caregivers, school, therapists, and anyone else related to the case. This log is the basis for your court report and may be referenced if your work is ever questioned.

Child's Name (initials):

_____

File Number:

_____

GAL Volunteer Name:

_____

Date	Person Contacted	Relationship to Child	Method	Summary / Key Information

Date	Person Contacted	Relationship to Child	Method	Summary / Key Information

A.4 CASE CONTACT LOG — COMPLETED EXAMPLE

EXAMPLE ONLY — All names and details are fictional. This example shows the first weeks of contact on the same case used in the GAL Report example (File 25-JA-0142).

Child: M.R. / T.R. File No: 25-JA-0142 GAL: Sarah M.

Date	Person Contacted	Relationship	Method	Summary
11/10/24	GAL Supervisor	Program staff	Phone	Case assigned. Reviewed petition. Discussed upcoming dispositional timeline. Scheduled training call for 11/12.
11/12/24	David K. (AA)	Atty Advocate	Phone	Introduced. AA confirmed hearing date April 15. Discussed initial investigation plan. AA to request school records.
11/14/24	M.R. and T.R.	Children	In-person	First visit at Lawson foster home. Both present. M.R. was quiet initially, warmed up. T.R. played freely. Home clean and appropriate.
11/14/24	Patricia Lawson	Foster mother	In-person	Warm, experienced caregiver. Described children's adjustment. M.R. having nightmares. T.R. regression in toileting. No safety concerns in placement.
11/18/24	Jane Alvarez	DSS S/W	Phone	Reviewed petition facts. Drug screen: mother positive meth 11/18. Father location unknown. DSS working on case plan. Mother attended Trillium intake.
11/20/24	Mrs. Chen	M.R.'s teacher	Phone	7 unexcused absences prior to removal. M.R. performing at grade level. More distracted lately. No IEP. McKinney-Vento in place. Teacher supportive.
11/25/24	Angela R.	Mother	In-person	Met at DSS offices. Mother cooperative. Minimized substance use. Stated she wants children back. Expressed love for both. Emotional. Reviewed case plan.
12/01/24	Jane Alvarez	DSS S/W	Phone	Drug screen 12/1: positive meth. Mother missed parenting class enrollment deadline. Trillium assessment scheduled 12/10. Father still not located.
12/02/24	M.R. and T.R.	Children	In-person	Second visit. M.R. talked about wanting to go home but wanting mommy to stop being sick. T.R. affectionate with Mrs. Lawson. Both eating well (M.R. still nightmares).

Date	Person Contacted	Relationship	Method	Summary
12/05/24	One Place Onslow	CAC clinical	Phone	Forensic interview completed 11/22. Summary shared. M.R. TF-CBT referral accepted. Appt Jan 6, 2025. Recommended court order for info sharing.

PART APPENDIX A

Additional Case Types

Termination of Parental Rights, Post-TPR, and Dependency

The NC GAL Program's primary jurisdiction is Abuse, Neglect, and Dependency (AND) cases. However, cases may evolve into or involve the following additional proceeding types. This appendix provides an overview of each.

B.1 Termination of Parental Rights (TPR)

Termination of Parental Rights is a separate civil proceeding that permanently severs the legal parent-child relationship. It is the most serious action a court can take in a child welfare case. Under G.S. § 7B-1111, grounds for TPR include:

- Abandonment of the juvenile
- Neglect
- Willful failure to make reasonable progress to correct conditions that led to removal
- Willful failure to pay reasonable costs of care for the child
- Termination of parental rights to another child (as a ground for the current child)
- Dependency
- Felony conviction resulting in extended imprisonment
- The parent has been convicted of certain violent offenses
- Sexual abuse of the child or a sibling

The TPR proceeding has two phases: an adjudication phase (do grounds exist?) and a dispositional phase (is TPR in the child's best interests?). The GAL is required by statute when the parent denies the allegations. At TPR, the GAL's report must squarely address permanency, the child's attachment to the parent, and whether termination serves the child's best interests.

B.2 Post-TPR and Adoption Proceedings

After parental rights are terminated, the child's case continues until a permanent placement is achieved. The GAL may continue to serve in this period. The goal is almost always adoption. Monitor placement stability, pre-adoptive home quality, and the timely filing of adoption petitions. If the child is in a foster-to-adopt

placement, advocate for the adoption to proceed without delay.

B.3 Dependency Cases

A dependency case arises when a child has no parent, guardian, or custodian responsible for their care — not because of abuse or neglect, but because the parent is incapacitated, incarcerated, or has died. Dependency cases are often less adversarial than abuse/neglect cases but may still require intensive advocacy, especially for children who have no family available and face long periods in foster care.

NC Guardian ad Litem Program

A Division of the North Carolina Administrative Office of the Courts

www.nccourts.gov/programs/guardian-ad-litem

Onslow County GAL Program | 18th Judicial District

Onslow County DSS: (910) 455-4145

Trillium Health Resources: 1-877-685-2415

One Place Child Advocacy Center: (910) 353-0780

NC 211: Dial 2-1-1

This handbook is a resource guide produced to support NC GAL volunteers in Onslow County. It is not legal advice. Laws and local practices change. Always consult your GAL supervisor and attorney advocate for guidance specific to your case. Verify all resource information before use. 2026 Edition.

PART APPENDIX B

Termination of Parental Rights (TPR)

Procedure, GAL Role, Resources, and Templates

B.1 Overview and Purpose

Termination of Parental Rights (TPR) is the most legally and emotionally significant action a juvenile court can take in a child welfare case. A TPR order permanently and irrevocably severs the legal parent-child relationship — extinguishing the parent's rights, duties, and obligations to the child, and the child's right to inherit from the parent (until a final adoption order is entered). G.S. § 7B-1112. Once entered, the terminated parent is not entitled to notice of adoption proceedings and may not participate in or object to them.

TPR is not automatic at the end of an AND case. It is a separate proceeding that requires a new petition or motion, separate service of process, and a two-stage hearing. A GAL appointed under G.S. § 7B-601 in the underlying AND case continues to represent the child in TPR proceedings unless formally relieved by the court. G.S. § 7B-1108(b). The child's interests remain the GAL's sole focus throughout.

B.2 When TPR Arises: The Path from AND to TPR

TPR typically becomes relevant when DSS or the GAL team determines that reunification is no longer a viable permanency plan. Under G.S. § 7B-906.1, the court is required to direct DSS to initiate TPR proceedings in certain circumstances — most commonly when the child has been in out-of-home placement for 12 of the most recent 22 months and the primary permanent plan is adoption. DSS may also initiate TPR earlier when grounds exist and the facts warrant it.

The GAL team has independent standing to file a TPR petition at any time grounds exist. G.S. § 7B-1103(a)(2). This power is not exercised lightly — always consult your supervisor and attorney advocate — but it is a critical backstop when DSS is reluctant to act and the child's best interests require permanency.

PRACTICAL TRIGGER POINT: If you reach a permanency planning hearing where the primary plan is adoption and DSS has not filed for TPR, ask your attorney advocate why not. Document the reason in your case contact log. This is one of the most important advocacy points in a long-running case.

B.3 Statutory Grounds for TPR — G.S. § 7B-1111

One or more of the following grounds must be proven by clear, cogent, and convincing evidence at the adjudication phase. The most common grounds in DSS-initiated TPR are:

(1) Abuse or Neglect: The parent has abused or neglected the juvenile as defined in G.S. § 7B-101.

(2) Failure to Make Progress: The parent willfully left the child in foster care or out-of-home placement for more than 12 months without showing reasonable progress in correcting the conditions that led to removal. Poverty alone is not a basis for TPR.

(3) Failure to Pay Support: The child has been in DSS custody for more than 12 months and the parent has willfully failed to pay a reasonable portion of the cost of care, despite having means to do so.

(7) Prior TPR: The parent's rights to another child were previously terminated involuntarily, and the parent lacks the ability or willingness to establish a safe home.

(8) Violent Offenses: The parent has committed murder, voluntary manslaughter, or a felony assault resulting in serious bodily injury to the child, another child of the parent, or a co-resident child.

(9) Abandonment: The parent has abandoned the juvenile for at least six consecutive months.

```
KEY STATUTE: G.S. § 7B-1111(a) — Full list of TPR grounds. G.S. § 7B-1109 —
Adjudicatory hearing procedure. G.S. § 7B-1110 — Disposition/best interests
determination.
```

B.4 The Two-Stage TPR Hearing

Stage 1 — Adjudication

The petitioner (DSS, GAL AA, or other standing party) must prove by clear, cogent, and convincing evidence that at least one statutory ground exists. G.S. § 7B-1109. This is an adversarial hearing governed by formal rules of evidence. If no ground is proven, the court must dismiss the petition and the case continues as an AND proceeding.

Stage 2 — Disposition (Best Interests)

If one or more grounds are adjudicated, the court moves immediately to disposition — determining whether TPR is in the child's best interests. G.S. § 7B-1110. There is no burden of proof at this stage. The court considers:

- The age and developmental needs of the child
- The likelihood of adoption and the child's ability to be adopted
- Whether TPR will aid in accomplishing the permanent plan
- The bond between the child and the parent

- The quality of the relationship between the child and any proposed adoptive placement
- Any relevant report or recommendation by the GAL

The court must make written findings on each factor that is relevant to the case. Even if grounds exist, the court may decline to terminate if it concludes that termination is not in the child's best interests. G.S. § 7B-1110(b). The order must be entered within 30 days of the hearing.

B.5 The GAL's Role in TPR

Your role in TPR is the same as in the underlying AND case — protecting and promoting the child's best interests. In practice, TPR cases demand more from the GAL because the stakes are irreversible. The following duties are especially critical:

- Maintain consistent contact with the child throughout the TPR proceeding. The child needs stability and a trusted adult advocate, now more than ever.
- Assess the child's attachment to the parent(s) honestly and report it accurately to the court — even if the bond is strong. The court must know the truth.
- Evaluate the child's current placement and any prospective permanent placement. Quality of the proposed permanent home is a statutory best-interests factor.
- Document the child's expressed wishes, calibrated to their age and development. For children 12 and older, they are entitled to notice of the TPR hearing.
- Prepare a thorough TPR report (see Template B.1 below) addressing all best-interests factors. Your attorney advocate will introduce it into evidence.
- Be prepared to testify if subpoenaed, though in most cases the attorney advocate presents the GAL's findings and the volunteer need not testify.
- Monitor DSS's case file throughout the TPR process. Facts and records that seem minor at the AND stage can become pivotal evidence at TPR.
- Coordinate with the attorney advocate on the GAL team's position. If the GAL and DSS disagree on whether TPR is in the child's best interest, the GAL should advocate its position — the court's ultimate duty is to the child.

IMPORTANT: A GAL's continuity from the AND case into TPR is a statutory presumption (G.S. § 7B-1108(b)), not optional. Do not assume you are off the case once a permanency plan of adoption is set. You stay on until formally relieved by court order.

B.6 Key Resources for TPR Cases

Legal and Procedural Resources

UNC School of Government — AND/TPR Manual

Authoritative practice manual for NC juvenile court attorneys. Chapter 9 covers TPR comprehensively. Free online.

Web: www.sog.unc.edu (search 'Abuse Neglect Dependency')

NC Courts — GAL Program Resource Page

Forms, checklists, and practice tools for GAL volunteers and staff including TPR worksheets.

Web: www.nccourts.gov/programs/guardian-ad-litem

NC General Statutes — Chapter 7B, Article 11

Governing statutes for TPR: §§ 7B-1100 through 7B-1114.

Web: www.ncleg.gov/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_7B/Article_11.html

NC Indigent Defense Services (IDS)

Coordinates and trains attorneys who represent parents in TPR. Useful for understanding opposing counsel's resources.

Web: www.ncids.org

Child-Focused Resources (Onslow County)

One Place Child Advocacy Center

Forensic interviews and trauma-informed therapy. Records are directly relevant in TPR adjudication and should be requested through your AA.

Phone: (910) 353-0780

Web: www.oneplaceonslow.org

Trillium Health Resources

Mental health and substance use assessments for children and parents. Parent compliance with Trillium treatment is frequently a TPR factor.

Phone: 1-877-685-2415

Web: www.trilliumhealthresources.org

Onslow County DSS — Family Builders Unit

Handles adoption processing post-TPR. Relevant once the GAL begins monitoring adoptive placement.

Phone: (910) 455-4145

Address: 612 College St., Jacksonville, NC 28540

B.7 GAL TPR REPORT — BLANK TEMPLATE

USE THIS FORM when preparing your written report for a TPR adjudication or disposition hearing. This report is submitted through your attorney advocate and may be introduced into evidence. Address every section. Be factual, specific, and complete.

Case Name (In Re: _____):

_____

File Number:

_____

Child(ren) Name(s) and DOB(s):

_____

_____

Hearing Type (Adjudication / Disposition / Combined):

_____

Scheduled Hearing Date:

_____

GAL Volunteer Name:

_____

Report Date:

_____

SECTION 1 — INVESTIGATION AND CONTACT SUMMARY

Number and dates of contacts with child since last court date:

_____

_____

Include in-person, phone, and indirect contacts.

Other individuals contacted (DSS, foster parent, teachers, therapists, etc.):

_____

_____

_____

SECTION 2 — CURRENT STATUS OF THE CHILD

Current placement and duration:

_____

Child's physical and emotional health status:

_____

_____

_____

Include any diagnoses, therapy, medications, and current functioning.

Educational status (school, grade, performance, IEP/504):

_____

_____

Sibling contact / placement status:

_____

_____

SECTION 3 — PARENTAL BOND ASSESSMENT

Describe the nature and quality of the child's bond to each parent:

_____

_____

_____

_____

Be specific. Include child's expressed feelings and observed behavior during visits.

Has the child expressed a view about termination? If so, describe:

_____

_____

_____

Calibrate weight to child's age and developmental stage.

SECTION 4 — BEST INTERESTS ANALYSIS (G.S. § 7B-1110)

Likelihood of adoption (address child's specific needs and placement history):

_____

_____

_____

Whether TPR will advance the permanent plan:

_____

_____

_____

Quality of the relationship with any proposed or current permanent placement:

_____

_____

_____

The child's age and developmental needs relevant to permanency:

_____

_____

_____

Any other facts the court should consider:

_____

_____

_____

SECTION 5 — GAL RECOMMENDATION

State the GAL's recommendation and the reasons supporting it:

_____

_____

_____

_____

_____

Be direct. Identify the specific basis for the recommendation.

SECTION 6 — CERTIFICATION

I certify that the information contained in this report is true and accurate to the best of my knowledge and is based on my personal investigation of the facts of this case.

GAL Volunteer Signature:

_____

Date:

_____

Note: This report is submitted through your Attorney Advocate. Do not file it with the court directly.

B.8 GAL TPR REPORT — COMPLETED EXAMPLE

EXAMPLE ONLY — All names and details are fictional. This uses the same case as earlier examples (File 25-JA-0142). The TPR petition was filed after Angela R. failed to make reasonable progress over 14 months. Marcus R. was located and served; he did not contest.

Case Name (In Re: _____):

In Re: M.R. and T.R.

File Number:

25-JA-0142 / 26-JT-0033

Child(ren) Name(s) and DOB(s):

M.R., DOB 04/14/2017 (age 9) | T.R., DOB 11/02/2019 (age 6)

Hearing Type:

Combined Adjudication and Disposition

Scheduled Hearing Date:

March 25, 2026

GAL Volunteer Name:

Sarah M.

Report Date:

March 18, 2026

SECTION 1 — INVESTIGATION AND CONTACT SUMMARY

Contacts with child since last court date:

8 in-person contacts from 10/2025 through 3/2026, all at the Lawson foster home or school. One contact conducted at the DSS office during a scheduled sibling visit with maternal grandmother.

Other contacts:

DSS SW Jane Alvarez (6 calls), AA David K. (4 calls), Mrs. Lawson/foster mother (monthly), M.R.'s therapist at One Place Onslow (2 calls), Mrs. Chen/teacher (1 call), maternal grandmother Helen B. (1 in-person meeting). No in-person contact with Angela R. after her disengagement from case plan in July 2025.

SECTION 2 — CURRENT STATUS OF THE CHILD

Current placement:

Lawson foster home, Jacksonville. Both children placed together since 11/2024 (approximately 16 months). Placement is stable. Mrs. Lawson has expressed interest in adoption.

Health status:

M.R. is in TF-CBT therapy at One Place Onslow (bi-weekly). Nightmares have decreased significantly per Mrs. Lawson and therapist. Functioning well emotionally. T.R. — no current therapy, regression resolved. Both children are physically healthy with current medical and dental care.

Educational status:

M.R. — 3rd grade, performing at or above grade level. No IEP. Attendance excellent since placement (0 unexcused absences). McKinney-Vento protections in place. T.R. — Kindergarten. Teacher reports normal development and social adjustment.

Sibling placement:

M.R. and T.R. are placed together. A supervised visit with maternal grandmother Helen B. was facilitated in January 2026. Both children responded positively.

SECTION 3 — PARENTAL BOND ASSESSMENT

Bond with Angela R. (Mother):

Both children expressed love for their mother. M.R., during a February contact, stated she misses her mother but 'wants to stay with Mrs. Lawson so I can go to school.' Angela R. has had no contact with the children since September 2025, when she missed a scheduled visit without notice. The bond, while present emotionally, has been significantly eroded by prolonged absence and inconsistency.

Bond with Marcus R. (Father):

Marcus R. was located in November 2025 in Buncombe County. He has had no contact with either child for over 3 years. The children do not reference him. No bond exists in any meaningful sense.

Child's view on termination:

M.R. (age 9) was engaged in an age-appropriate conversation. She did not understand the legal concept of termination, but expressed clearly that she wants to 'stay with Mrs. Lawson forever' and 'have a permanent family.' T.R. (age 6) was not engaged on this topic; she is too young to meaningfully express a preference. Her attachment to Mrs. Lawson is observable and primary.

SECTION 4 — BEST INTERESTS ANALYSIS

Likelihood of adoption:

High. Mrs. Lawson has formally expressed her desire to adopt both children. She has provided stable, nurturing care for 16 consecutive months. DSS has confirmed she meets the criteria for adoptive placement. Both children are young, healthy, and bonded to the placement. There are no identified barriers to adoption.

Whether TPR advances the permanent plan:

Yes. The primary permanent plan has been adoption since the July 2025 permanency planning hearing. TPR is the necessary legal step to free the children for adoption by the Lawson family.

Quality of current/proposed permanent placement:

Excellent. Mrs. Lawson is an experienced licensed foster caregiver with no history of concerns. Her home is safe, clean, and child-centered. Both children are thriving under her care. She has actively supported M.R.'s

therapy and school engagement.

Child's developmental needs:

Both children are at critical developmental stages where permanency and stability are paramount. M.R. is in middle childhood and forming identity. T.R. is in early childhood with foundational attachment needs. Extended foster care limbo would be harmful. Neither child can wait indefinitely for a permanent family.

SECTION 5 — GAL RECOMMENDATION

Recommendation:

The GAL recommends that the Court adjudicate grounds for TPR as to both Angela R. (G.S. § 7B-1111(2) — failure to make reasonable progress) and Marcus R. (G.S. § 7B-1111(9) — abandonment), and find that termination is in the best interests of both M.R. and T.R. The GAL further recommends that the Lawson foster home be confirmed as the prospective adoptive placement and that post-TPR review hearings be calendared promptly to facilitate the adoption.

SECTION 6 — CERTIFICATION

GAL Volunteer Signature:

Sarah M., GAL Volunteer

Date:

March 18, 2026

PART APPENDIX C

Post-TPR and Adoption

GAL Duties After Termination, Placement Oversight, and Support Resources

C.1 Overview: The GAL's Continuing Role After TPR

Termination of parental rights does not end your appointment. Under G.S. § 7B-601 and the case law interpreting it, the GAL remains responsible for the child's interests until the adoption petition is filed and the child is placed for adoption. During this period, post-TPR placement review hearings are held under G.S. § 7B-908. Your role at these hearings is to monitor DSS's adoption planning and ensure the child is not languishing without a permanent home.

This is a particularly sensitive period for children. They are legally free but not yet adopted. The emotional stakes are high. Your continued presence and advocacy provide critical continuity. New volunteers assigned at this stage should review the full case file and make immediate contact with the child.

```
KEY STATUTES: G.S. § 7B-908 — Post-TPR placement review hearings (timing and
procedure). G.S. § 7B-1112 — Effects of the TPR order. G.S. § 7B-1112.1 — DSS
responsibility to select adoptive placement. G.S. Chapter 48 — NC Adoption Act
(governs the adoption proceeding itself).
```

C.2 Post-TPR Placement Review Hearings

After a TPR order is entered, the court retains jurisdiction to review the child's placement under G.S. § 7B-908. Reviews must be held:

- Within 6 months of the TPR order — initial review
- Every 6 months thereafter — until the child is placed for adoption and the adoption petition is filed

At each review, the court evaluates DSS's adoption planning efforts, the child's current placement, and the likelihood of timely permanency. If the review hearing is canceled because the adoption petition has been filed, the district court retains jurisdiction under G.S. § 48-2-102 until the adoption is final.

What the GAL Does at a Post-TPR Review

• Verify that DSS has listed the child with the NC Adoption Resource Exchange (if not already matched with a pre-adoptive home) and document the status.

• Confirm the child's current placement stability — placement disruptions after TPR are traumatic and the GAL should alert the court promptly if one occurs.

• Monitor DSS's selection of an adoptive placement. Under G.S. § 7B-1112.1, DSS must give priority to the current placement provider (foster parent or relative) who wishes to adopt, absent a documented reason not to.

• If DSS selects an adoptive placement the GAL believes is not in the child's best interest, the GAL may allege abuse of discretion — but must do so in writing, served on DSS, within 10 days of receiving written notice that an adoption petition has been filed.

• Submit a brief written report to the court at each post-TPR review addressing placement quality, child's wellbeing, and whether DSS's planning is adequate.

• Advocate for prompt adoption proceedings. Delays between TPR and adoption are harmful. If the case is stalling, bring it to the court's attention.

C.3 The NC Adoption Process: A GAL Primer

The formal adoption proceeding is governed by G.S. Chapter 48, not Chapter 7B. Once an adoption petition is filed, the GAL has no statutory role in the adoption proceeding itself. However, the GAL's prior advocacy directly shapes the adoption outcome — the court's selection of adoptive placement, the adoptive family's knowledge of the child's needs, and the availability of post-adoption support all flow from work done during the AND and TPR stages.

Key milestones in the adoption process include: (1) DSS selects an adoptive placement (foster parent, relative, or recruited family); (2) a Pre-Placement Assessment (home study) is completed; (3) the child is placed in the adoptive home; (4) an adoption petition is filed in district court; (5) a court report by DSS or a licensed agency is completed; (6) a final adoption hearing is held. Children age 12 and older must consent to the adoption. G.S. § 48-3-601.

ONSLOW COUNTY NOTE: Adoption inquiries and the MAPP-GPS training program are administered through the Onslow County DSS Family Builders Unit. MAPP-GPS training runs 10 weeks (Thursday evenings, 6-9 PM) and is offered quarterly at no cost to prospective adoptive families. Contact DSS at (910) 455-4145.

C.4 Adoption Assistance and Post-Adoption Support

Many children adopted from foster care are eligible for ongoing financial and medical support. As a GAL, knowing these programs exist allows you to inform foster/adoptive families and ensure that eligible children are not losing benefits they are entitled to.

NC Adoption Assistance Program

Monthly payments and Medicaid coverage for eligible children with special needs adopted from NC foster care. Negotiated with DSS prior to finalization. Ends at age 18 (may extend to 21 if adopted at age 16 or older).

Web: www.ncdhhs.gov/divisions/social-services/child-welfare-services/adoption-and-foster-care

NC Kids Adoption and Foster Care Network

State-maintained listing of children free for adoption and matching service for prospective adoptive families across all 100 NC counties.

Web: www.nckids.org

NC Post-Adoption Support — Success Coach Program

Free voluntary in-home support for families who have achieved permanency through adoption, reunification, or guardianship. Up to two years of services. Region 6 (includes Onslow County) served by Boys and Girls Homes of NC.

Phone: (910) 455-4145 (Onslow DSS for referral)

Web: www.ncdhhs.gov/divisions/social-services/child-welfare-services/adoption-and-foster-care/post-permanency-support-and-resources

Boys and Girls Homes of NC — Region 6 Success Coach

Post-permanency Success Coach for Onslow County families.

Web: www.bghnc.org

NC LINKS Program — Independent Living

Federally funded program for youth ages 13-21 in or formerly in foster care. Supports transition to independence: housing, education, employment, and life skills. Youth may enter up to age 21.

Web: www.ncdhhs.gov/divisions/social-services/child-welfare-services/independent-living

NC Reach Scholarship

State-funded scholarship for up to 4 years of undergraduate study at NC public colleges and universities. Available to youth who aged out of NC DSS foster care at age 18, or were adopted from DSS foster care after age 12.

Web: www.ncreach.org

Education and Training Voucher (ETV) Program

Federal program providing up to $5,000/year (maximum 5 years, up to age 26) for higher education expenses. Available to current and former foster youth who were in custody at age 17 or older.

Web: www.ncdhhs.gov/assistance/guardianship/independent-living-services-transitional-age-youth

C.5 POST-TPR REVIEW REPORT — BLANK TEMPLATE

USE THIS FORM to prepare your written report for post-TPR placement review hearings under G.S. § 7B-908. These hearings occur every 6 months until the adoption petition is filed. Your report monitors DSS's progress toward adoption and the child's wellbeing.

Case Name (In Re: _____):

_____

File Number (TPR file, 'JT' number):

_____

Child(ren) Name(s) and DOB(s):

_____

_____

Date of TPR Order:

_____

Scheduled Post-TPR Review Hearing Date:

_____

GAL Volunteer Name:

_____

Report Date:

_____

SECTION 1 — PLACEMENT STATUS

Current placement and duration since TPR order:

_____

_____

Placement stability (any moves since TPR order?):

_____

_____

Is the current caregiver seeking to adopt? If yes, what is the status?

_____

_____

SECTION 2 — CHILD'S WELLBEING

Number and dates of contacts with child since TPR order:

Physical and emotional health status:

Educational status and adjustment:

Child's understanding of and feelings about the adoption process (calibrated to age/development):

SECTION 3 — DSS ADOPTION PLANNING

Has DSS listed the child with the NC Adoption Resource Exchange?

Describe DSS's current adoption planning efforts and timeline:

Is DSS giving appropriate priority to the current placement provider? If not, what is the reason?

Any barriers to adoption identified by DSS? Describe:

SECTION 4 — GAL ASSESSMENT AND RECOMMENDATION

Is DSS's adoption planning adequate and proceeding without undue delay?

GAL's assessment of the current placement as an adoptive resource:

GAL's recommendation to the court (including any specific actions requested):

_____

_____

_____

_____

GAL Volunteer Signature:

_____

Date:

_____

C.6 POST-TPR REVIEW REPORT — COMPLETED EXAMPLE

EXAMPLE ONLY — Fictional case (File 25-JA-0142 / 26-JT-0033). TPR was entered March 25, 2026 as to both parents. This is the 6-month post-TPR review report.

Case Name:
In Re: M.R. and T.R.

File Number:
26-JT-0033

Child(ren) Name(s) and DOB(s):
M.R., DOB 04/14/2017 | T.R., DOB 11/02/2019

Date of TPR Order:
March 25, 2026

Scheduled Post-TPR Review Hearing Date:
September 22, 2026

GAL Volunteer Name:
Sarah M.

Report Date:
September 15, 2026

SECTION 1 — PLACEMENT STATUS

Current placement:
Lawson foster home, Jacksonville. Continuous placement since November 2024 (approximately 22 months total; 6 months post-TPR).

Placement stability:
No placement moves since TPR entry. Placement is stable and the children are well-adjusted. No concerns reported by DSS or the GAL.

Adoption intent of caregiver:
Mrs. Lawson formally expressed intent to adopt both children in April 2026. Her Pre-Placement Assessment (home study) was completed by Onslow DSS in July 2026 and approved by the Adoption Approval Committee in August 2026.

SECTION 2 — CHILD'S WELLBEING

Contacts since TPR order:
4 in-person contacts (April, June, August, September 2026), all at the Lawson home.

Health status:

M.R. completed TF-CBT therapy in June 2026. No ongoing mental health services needed per her therapist at One Place Onslow. T.R. healthy, no concerns. Both have current well-child visits.

Educational status:

M.R. — 4th grade, excellent attendance, performing above grade level. T.R. — 1st grade, well-adjusted. Both enrolled at same school.

Child's understanding of adoption:

M.R. understands adoption at an age-appropriate level. She has asked Mrs. Lawson directly 'when can you be my mom?' — expressing genuine desire for permanency. T.R. does not articulate the concept but demonstrates primary attachment to Mrs. Lawson.

SECTION 3 — DSS ADOPTION PLANNING

NC Adoption Resource Exchange listing:

Children were listed with NCARE in April 2026 as a precaution; however, per DSS SW Alvarez, the Lawson placement is the confirmed adoptive resource and no external recruitment is necessary.

DSS adoption planning:

Home study approved August 2026. DSS reports the adoption petition is expected to be filed in October 2026. No outstanding requirements identified.

Priority to current placement:

Yes. DSS appropriately identified Mrs. Lawson as the priority adoptive resource per G.S. § 7B-1112.1. No concerns about DSS's exercise of discretion in this regard.

Identified barriers:

None.

SECTION 4 — GAL ASSESSMENT AND RECOMMENDATION

Adequacy of DSS planning:

DSS has proceeded diligently and without undue delay. The home study was completed within the expected timeframe post-TPR and the adoption petition is imminent.

Assessment of Lawson home as adoptive resource:

Excellent. Mrs. Lawson has demonstrated consistent, loving care over 22 months. The GAL has no concerns about the adoptive placement and supports it fully.

Recommendation:

The GAL recommends the court affirm DSS's adoption plan and adoption of M.R. and T.R. by Patricia Lawson. The GAL requests the court calendar a final post-TPR review for December 2026 to confirm the adoption petition has been filed and the case is proceeding to finalization.

GAL Volunteer Signature:

Sarah M., GAL Volunteer

Date:

September 15, 2026

PART APPENDIX D

Dependency Cases

No Parent, Guardian, or Custodian Available — GAL Role, Resources, and Templates

D.1 What Is a Dependency Case?

A dependent juvenile is defined under G.S. § 7B-101(9) as a juvenile in need of assistance or placement because: (i) the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision; or (ii) the juvenile's parent, guardian, or custodian is unable to provide for the juvenile's care or supervision and lacks an appropriate alternative child care arrangement.

Dependency cases arise from circumstances that are fundamentally different from abuse or neglect cases — the child is not necessarily in danger because of a parent's harmful actions, but because the responsible adult is simply unable to care for them. Common triggering circumstances include:

- A parent's serious illness, hospitalization, or incapacitation
- A parent's death with no other responsible adult able to take the child
- A parent's incarceration with no appropriate caregiver available
- A parent's severe mental health crisis rendering them unable to function
- A parent with serious substance use disorder who has no support network for the child
- Immigration detention of a parent with no caregiver for the child
- A parent's voluntary surrender of care (in rare cases) without abuse or neglect

Dependency cases are often less adversarial than abuse/neglect cases — the parent may genuinely want what is best for the child and is not in denial about the situation. However, this can make advocacy more emotionally complex: the GAL must still advocate firmly for the child's best interests even when there is deep sympathy for the parent's circumstances.

```
KEY STATUTE: G.S. § 7B-101(9) — Definition of 'dependent juvenile.' G.S. § 7B-600 — Guardian of the person. G.S. § 7B-906.1 — Permanency planning hearings (applies to dependency cases). G.S. § 7B-911 — Custody order terminating court jurisdiction.
```

D.2 How Dependency Cases Enter the Juvenile Court System

Dependency cases enter the court system the same way as abuse and neglect cases: through a report to DSS under G.S. § 7B-301. Any person who has reason to believe a juvenile is dependent must report to the county DSS director. DSS then assesses the report and, if appropriate, files a petition in district court. DSS may take emergency protective custody if the child's immediate safety requires it.

The juvenile court process in a dependency case follows the same sequence as an AND case: nonsecure custody (if needed), adjudication hearing, dispositional hearing, and review/permanency planning hearings. However, the analysis is different at each stage because the focus is on the parent's capacity and circumstances rather than harmful conduct.

Nonsecure Custody in Dependency

Nonsecure custody in a dependency case is available when the parent, guardian, or custodian is unable to provide care and there is no appropriate adult to whom the child can be released. G.S. § 7B-503(a). DSS typically places the child with a relative, licensed foster home, or other approved placement.

D.3 Adjudication and Disposition in Dependency Cases

Adjudication

The court must find by clear and convincing evidence that the child is dependent as defined in G.S. § 7B-101(9). Unlike abuse or neglect, the finding does not require parental wrongdoing — only that the child has no responsible caregiver and/or the parent is unable to provide care without an adequate alternative arrangement.

Disposition

The dispositional options in a dependency case are the same as in AND cases and are governed by G.S. § 7B-903. The court may place the child with a relative, appoint a guardian of the person (G.S. § 7B-600), place the child with DSS, or take other appropriate action. The permanent plan is developed through the same permanency planning process as AND cases.

In many dependency cases, the goal is reunification — returning the child to the parent when the incapacitating circumstance is resolved. This may require court-ordered services, a structured case plan, and time. The GAL must track the parent's progress toward the capacity to resume care and report honestly to the court.

D.4 Permanency Planning in Dependency Cases

Permanency planning in dependency cases follows the same framework as AND cases under G.S. § 7B-906.1. The court must establish a permanent plan and review it at least every 6 months. Possible permanent plans in dependency cases, in order of preference, include:

- Reunification with a parent (when the incapacitating circumstance is expected to resolve)
- Guardianship with a relative or other appropriate individual (G.S. § 7B-600)

- Custody with a relative or other appropriate individual (G.S. § 7B-911)
- Adoption (may require TPR if the parent's rights have not been relinquished)
- Another planned permanent living arrangement (APPLA) — only for youth 16 and older and requires compelling reasons why more permanent options are not achievable

Guardianship is often the most practical permanency option in dependency cases where a parent is deceased or permanently incapacitated. A guardian of the person under G.S. § 7B-600 has the same legal authority over the child as a parent, subject to court supervision. This option terminates court jurisdiction without requiring TPR and avoids the adversarial nature of a termination proceeding.

D.5 The GAL's Role in Dependency Cases

The GAL's appointment, duties, and authority are the same in dependency cases as in abuse and neglect cases. G.S. § 7B-601 applies in full. In practice, dependency cases present unique advocacy challenges:

- Identify and investigate kinship options early. In many dependency cases, a relative or family friend is willing and able to provide long-term care. The GAL should assess kinship options independently and report findings to the court.
- Understand the nature and prognosis of the parent's incapacitating circumstance. If a parent is hospitalized, what is the expected recovery? If incarcerated, what is the release date? These facts shape the permanency timeline.
- Maintain contact with the child even if the parent-child dynamic is sympathetic. The child's needs, feelings, and adjustment to placement are your primary focus.
- Assess the child's bond to both the absent parent and any current caregiver. In dependency cases, children often maintain strong loyalty to incapacitated parents while also forming attachments to kinship or foster caregivers.
- Advocate for services that address the parent's incapacitating circumstance when reunification is a viable plan. Court-ordered services may include substance use treatment, mental health services, or parenting support.
- If the parent is deceased, ensure the court promptly moves to a permanent plan. Children in foster care awaiting guardianship or adoption after a parent's death experience a form of compounded grief that prolonged limbo deepens.
- Be alert to ICWA applicability. Dependency cases involving Native American children require ICWA compliance regardless of the cause of dependency.

D.6 Key Resources for Dependency Cases

Case Planning and Legal Resources

UNC School of Government — AND/TPR Manual

Chapter 3 (Disposition and Permanency Planning) is directly applicable to dependency cases. Chapter 7 covers evidence. Free online.

Web: www.sog.unc.edu

NC Courts GAL Program — Forms and Checklists

Web: www.nccourts.gov/programs/guardian-ad-litem

Legal Aid NC

Free civil legal assistance including representation in guardianship proceedings for qualifying low-income residents. Relevant when a relative needs legal help to formalize guardianship.

Phone: 1-866-219-5262

Web: www.legalaidnc.org

Parent Incapacity Resources (Onslow County)

Trillium Health Resources — Mental Health and Substance Use

Intake, assessment, and crisis services for parents with mental illness or substance use disorder. Parent engagement with Trillium is frequently ordered as part of the case plan in dependency cases.

Phone: Access: 1-877-685-2415 | Mobile Crisis: 1-855-345-1200

Web: www.trilliumhealthresources.org

RHA Health Services — Mobile Crisis

Mental health mobile crisis team serving Onslow County. Available 24/7. First responder for psychiatric emergencies.

Phone: 1-855-345-1200

SAMHSA National Helpline

Free, confidential, 24/7 treatment referral and information service for substance use and mental health disorders. Connects to local treatment options.

Phone: 1-800-662-4357

Web: www.samhsa.gov/find-help/national-helpline

Onslow County DSS — Adult Services

Handles protective services and placement for adults who are incapacitated. Coordinates with Child Welfare when a parent's incapacity creates child dependency.

Phone: (910) 455-4145

Kinship and Guardianship Resources

NC KinGap Program (Kinship Guardianship Assistance)

Provides monthly guardianship assistance payments to relative caregivers who achieve permanency through guardianship rather than adoption. Eligibility requires the child to have been in foster care for at least 6 consecutive months.

Web: www.ncdhhs.gov/divisions/social-services/child-welfare-services/adoption-and-foster-care

Foster Family Alliance of NC

Support and training resources for foster and kinship families in NC.

Web: www.ffa-nc.org

NC 211

Connects families to local resources including housing, food, childcare, transportation, and emergency services. Dial 2-1-1.

Phone: 2-1-1

Web: www.nc211.org

Military-Connected Dependency (Onslow County)

Given the significant military population in Onslow County, dependency cases sometimes arise from a service member's deployment, injury, or incapacitation. These cases may involve unique considerations regarding the Servicemembers Civil Relief Act, military benefits, and on-installation support services.

Fleet and Family Support Center (FFSC) — Camp Lejeune

Provides deployment support, family case management, emergency financial assistance, and counseling. Can help coordinate care for children of deployed or hospitalized service members.

Phone: (910) 451-2865

Address: Bldg 66, Holcomb Blvd and Molly Pitcher Blvd, Camp Lejeune

Military OneSource

24/7 support for active duty, Guard, and Reserve families. Provides referrals to childcare, counseling, financial assistance, and other services.

Phone: 1-800-342-9647

Web: www.militaryonesource.mil

D.7 DEPENDENCY CASE GAL REPORT — BLANK TEMPLATE

USE THIS FORM for GAL court reports in dependency cases. Dependency cases focus on the parent's capacity and circumstances rather than harmful conduct. Adjust your investigation and report accordingly. This form applies to all hearing types (dispositional, review, and permanency planning) in dependency cases.

Case Name (In Re: _____):

_____

File Number:

_____

Child(ren) Name(s) and DOB(s):

_____

_____

Hearing Type:

_____

Scheduled Hearing Date:

_____

GAL Volunteer Name:

_____

Report Date:

_____

SECTION 1 — NATURE OF THE DEPENDENCY

Describe the circumstances that gave rise to the dependency finding:

_____

_____

_____

_____

Illness, incarceration, incapacitation, death, etc. Include current status.

Is the incapacitating circumstance expected to resolve? Describe prognosis or timeline:

_____

_____

_____

SECTION 2 — CHILD STATUS AND CONTACTS

Number and dates of contacts with child since last court date:

_____

Current placement and stability:

_____

_____

Child's physical and emotional health:

_____

_____

_____

Educational status:

_____

_____

Child's relationship with current caregiver:

_____

_____

Child's bond with parent(s) and expressed wishes:

_____

_____

_____

Calibrate to child's age and developmental stage.

SECTION 3 — KINSHIP AND PLACEMENT OPTIONS

Kinship options identified and investigated:

_____

_____

_____

List relatives/family friends assessed and their suitability.

Is the current placement an appropriate long-term resource? Explain:

_____

_____

SECTION 4 — PARENT SERVICES AND CASE PLAN COMPLIANCE

What services have been ordered or offered to the parent?

_____

_____

Parent's engagement with services and progress to date:

_____

_____

_____

Is reunification a realistic goal within a reasonable timeframe?

_____

_____

SECTION 5 — PERMANENT PLAN ASSESSMENT

Current permanent plan and GAL's assessment of appropriateness:

_____

_____

_____

If reunification is not achievable, what alternative permanent plan does the GAL recommend (guardianship, custody, adoption)?

_____

_____

_____

SECTION 6 — GAL RECOMMENDATION

State the GAL's recommendation and supporting reasoning:

_____

_____

_____

_____

_____

GAL Volunteer Signature:

_____

Date:

_____

D.8 DEPENDENCY CASE GAL REPORT — COMPLETED EXAMPLE

EXAMPLE ONLY — Fictional case. This example involves a single child, 'K.P.' (age 7), whose mother Diane P. was hospitalized following a serious mental health crisis and has no family available in the area. Father is unknown. This is the 6-month review report.

Case Name:
In Re: K.P.

File Number:
26-JA-0077

Child Name and DOB:
K.P., DOB 06/03/2019 (age 7)

Hearing Type:
6-Month Dispositional Review

Scheduled Hearing Date:
October 14, 2026

GAL Volunteer Name:
Robert T.

Report Date:
October 7, 2026

SECTION 1 — NATURE OF THE DEPENDENCY

Circumstances giving rise to dependency:

K.P. was taken into DSS emergency custody on April 2, 2026 following her mother Diane P.'s voluntary psychiatric hospitalization at Onslow Memorial Hospital. Diane P. experienced a severe acute psychotic episode precipitated by non-compliance with her prescribed psychiatric medication. She had been managing a chronic schizophrenia diagnosis since 2015. No other responsible adult was available; father is unknown. K.P. was alone in the home for approximately 4 hours before a neighbor called 911.

Prognosis and timeline:

Diane P. was transferred to Broughton Hospital (Morganton, NC) on April 9, 2026 for stabilization. She was discharged June 15, 2026 and is now residing in supervised transitional housing in Jacksonville. She is engaged with Trillium outpatient mental health services and reports medication compliance. Her Trillium caseworker describes her progress as 'significant but fragile.' Reunification is a goal but is not expected within the next 6 months per Trillium's assessment.

SECTION 2 — CHILD STATUS AND CONTACTS

Contacts with K.P.:

5 in-person contacts: April 14, May 12, July 8, August 20, and October 3, 2026. All at the Nguyen foster home in Jacksonville.

Current placement:

Licensed foster home of Linda and James Nguyen, Jacksonville. Placement since April 4, 2026 (approximately 6 months). Stable, no concerns.

Physical and emotional health:

K.P. is physically healthy with current pediatric care. She presented as anxious and withdrawn at initial contacts. By August, she was more relaxed and talkative. She is receiving weekly play therapy through Trillium's child outpatient program. Therapist notes improvement in self-regulation and verbal expression.

Educational status:

2nd grade at Northwoods Elementary, Jacksonville. Attendance is excellent since placement. Teacher reports K.P. is performing at grade level and has made friends. McKinney-Vento protections remain in place.

Relationship with current caregiver:

K.P. has formed a warm, trusting relationship with Mrs. Nguyen. She calls her 'Miss Linda' and seeks her out for comfort. Mr. and Mrs. Nguyen describe K.P. as 'a joy' and have expressed willingness to continue placement long-term.

Bond with mother / expressed wishes:

K.P. loves her mother and expresses this consistently. During visits, she is affectionate and engaged with Diane P. She has said 'I want to live with Mama when she gets better.' At the same time, she does not express distress at the Nguyen placement and appears comfortable in both relationships.

SECTION 3 — KINSHIP AND PLACEMENT OPTIONS

Kinship options:

DSS assessed Diane P.'s mother (maternal grandmother, Ruth P., Dayton, OH) in May 2026. Ruth P. is 68 years old and reports she is unable to care for K.P. full-time due to her own health issues. She is willing to have telephone contact with K.P. No other relatives have been identified.

Suitability of current placement as long-term resource:

The Nguyen home is a strong long-term placement option. The Nguyens are interested in guardianship or adoption if reunification does not occur. This should be explored further at the next review if Diane P.'s progress plateaus.

SECTION 4 — PARENT SERVICES AND CASE PLAN COMPLIANCE

Services ordered/offered:

Outpatient mental health services (Trillium), medication management, supervised visitation with K.P. (twice monthly, 2 hours, at DSS), and transitional housing support.

Parent progress:

Diane P. has attended all Trillium appointments since her June discharge. She attends supervised visits consistently and is engaged and appropriate with K.P. Her caseworker notes that her insight into her illness has improved. She is working toward transitioning to unsupervised visits. Her housing situation remains supervised/supported.

Reunification timeline:

Premature to set a firm timeline. Trillium recommends at least 6 more months of outpatient stabilization before considering unsupervised overnight visits. The GAL supports a cautious, graduated approach given K.P.'s age and the fragility of Diane P.'s recovery.

SECTION 5 — PERMANENT PLAN ASSESSMENT

Current permanent plan:

Primary plan: Reunification. Secondary plan: Guardianship (Nguyens). The GAL supports this structure at this time, provided DSS continues to monitor Diane P.'s progress closely and a firm reunification decision point is established.

Alternative permanent plan recommendation:

If Diane P.'s progress stalls or she is unable to demonstrate sustained stability within the next 6 months, the GAL will recommend the court transition the primary permanent plan to guardianship with the Nguyen family.

SECTION 6 — GAL RECOMMENDATION

Recommendation:

The GAL recommends the court maintain the current permanent plan of reunification with a secondary plan of guardianship, consistent with the framework ordered at disposition. The GAL requests: (1) that DSS provide a written update from Trillium at the next review regarding Diane P.'s progress and readiness for unsupervised visitation; (2) that DSS begin a formal assessment of the Nguyen family as a guardianship resource in preparation for a possible plan change; and (3) that a 6-month review be calendared for April 2027.

GAL Volunteer Signature:

Robert T., GAL Volunteer

Date:

October 7, 2026