

Appendix A

Forms

Administrative Office of the Courts (AOC) Forms*

AOC-SP-203	Involuntary Commitment Order Mentally Ill
AOC-SP-205	Order to Appear at Supplemental Hearing for Involuntary Commitment
AOC-SP-206	Order Supplemental Hearing on Involuntary Commitment
AOC-SP-210	Petition and Appointment of Defense Counsel for Committed Respondent Charged with Violent Crime
AOC-SP-211	Petition and Order for Removal of a Mental Commitment Bar to Purchase, Possess or Transfer a Firearm
AOC-SP-220	Request for Transportation Order and Order (Outpatient Fails but Does Not Clearly Refuse to Comply with Treatment)
AOC-SP-221	Request for Supplemental Hearing (Outpatient Clearly Refuses to Comply with Treatment)
AOC-SP-222	Notice of Need for Transportation Order and Order (From One 24-Hour Facility to Another)
AOC-SP-223	Request for Transportation Order and Order (Committed Substance Abuser Fails to Comply with Treatment or Is Discharged from 24-Hour Facility)
AOC-SP-224	Request for Transportation Order and Order (Outpatient Fails to Appear for Prehearing Examination)
AOC-SP-300	Affidavit and Petition for Involuntary Commitment
AOC-SP-301	Notice of Hearing/Rehearing for Involuntary Commitment
AOC-SP-302	Findings and Custody Order Involuntary Commitment

* AOC forms are available on the North Carolina Judicial Department website, www.nccourts.org, under “Forms.”

AOC-SP-304	Involuntary Commitment Custody Order Defendant Found Incapable to Proceed
AOC-SP-305	Findings and Order Involuntary Commitment Physician-Petitioner Recommends Outpatient Commitment
AOC-SP-306	Order Involuntary Commitment Proceedings Substance Abuser
AOC-SP-350	Appellate Entries Involuntary Commitment
AOC-SP-902M	Request and Authorization to Deliver Respondent
AOC-SP-904M	Outpatient Commitment Order of Assignment or Denial of Counsel
AOC-SP-909M	Petition and Custody Order for Special Emergency Substance Abuse Involuntary Commitment
AOC-SP-910M	Automatic Involuntary Commitment of Defendant Found Not Guilty by Reason of Insanity
AOC-SP-912M	Appointment of Counsel and Notice of Hearing/Rehearing Voluntary Admission of Minor
AOC-SP-913M	Order Voluntary Admission of Minor
AOC-SP-914M	Release of Physical and Mental Health, Substance Abuse and Confidential Court Records for Concealed Handgun Permit

Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH) Forms*

DMH 5-72-01	Examination and Recommendation to Determine Necessity for Involuntary Commitment (under link for DMH 5-72-09 on Department of Health and Human Services website)
DMH 5-72-01-A	Supplement to Examination and Recommendation for Involuntary Commitment: Certificate to Support Immediate Hospitalization
DMH 5-72-01-B	Supplement to Examination and Recommendation for Involuntary Commitment: Certificate to Support Immediate Hospitalization

* DMH forms are available on the Department of Health and Human Services website, www.ncdhhs.gov/mhddsas/statspublications/manualsforms/#forms, under “Legal Forms for Hospitals.”

DMH 5-73-01	Evaluation for Admission/Continued Stay (Restrictive 24-hour Facilities) Voluntary Minors and Incompetent Adults
DMH 5-76-01	Request for Hearing
DMH 5-79-01	Notice of Commitment Change
DMH 5-82-02	Request to Return Escapee or Conditional Release
DMH 5-83-01	Notice of Return of Escapee or Conditional Release

_____ County

IN THE MATTER OF:

Name Of Respondent

**INVOLUNTARY COMMITMENT ORDER
MENTALLY ILL**

G.S. 122C-267, 122C-268, 122C-271

FINDINGS

The Court finds that:

1. The petitioner was represented by counsel. The respondent was represented by counsel.
 was not was not

Based on the evidence presented, the Court

2. by clear, cogent and convincing evidence finds as facts all matters set out in the physician's/eligible psychologist's report, specified below, and the report is incorporated by reference as findings.

Date Of Last Examiner's Report

Name Of Physician/Eligible Psychologist

3. by clear, cogent and convincing evidence finds these other facts:

4. finds that the respondent does not meet the criteria for commitment.
 5. finds that this proceeding was begun after the respondent was charged with a violent crime and was found incapable of proceeding.

CONCLUSIONS

Based on the above findings, the Court concludes that the respondent:

1. is mentally ill.
 2. is not mentally ill.
 3. in addition to being mentally ill, is mentally retarded.
 4. is dangerous to self others.
 5. is not dangerous to self or others.
 6. (only for nondangerous mentally ill) is capable of surviving safely in the community with available supervision from family, friends or others; and based on respondent's psychiatric history, the respondent is in need of treatment in order to prevent further disability and deterioration which would predictably result in dangerousness to self or others. And, that the respondent's inability to make an informed decision to voluntarily seek and comply with recommended treatment is caused by:
 the respondent's current mental status.
 the nature of the respondent's mental illness.

NOTE: Use AOC-SP-911M for involuntary commitment of defendant found not guilty by reason of insanity.

ORDER

It is ORDERED that:

- 1. the respondent be committed/recommitted to the inpatient 24-hour facility named below for the period specified.
- 2. the respondent be committed/recommitted to outpatient commitment under the supervision and management of the center/physician named below for the period specified.
 - the respondent may be held at the 24-hour facility where he/she is now being held, for up to 72 hours in order for the facility to notify the designated outpatient center of respondent's treatment needs.
- 3. the respondent be committed/recommitted to an inpatient 24-hour facility named below not to exceed the specified period. Following discharge from the 24-hour facility, the respondent shall be committed to outpatient commitment under the supervision of the center/physician named below for the specified period.
- 4. the respondent be discharged and this matter dismissed.
- 5. the respondent be discharged. Since the respondent was charged with a violent crime and found incapable of proceeding, it is further ordered that the respondent be released to the custody of the law enforcement agency named below.

Name Of Law Enforcement Agency

- 6. this matter be transferred to the county named below for further proceedings.

County

INPATIENT COMMITMENT

OUTPATIENT COMMITMENT

Committed/recommitted to inpatient facility for a period not to exceed

- _____ days.
- 90 days.
- 180 days.
- 1 year.

Committed/recommitted to outpatient facility for a period not to exceed

- _____ days.
- 90 days.
- 180 days.

Name And Address Of 24-Hour Facility

Name And Address Of Treatment Center/Physician

Date

Signature Of District Court Judge

Name Of District Judge (Type Or Print)

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**ORDER TO APPEAR
AT SUPPLEMENTAL HEARING
FOR INVOLUNTARY COMMITMENT**

G.S. 122C-274, -277, -290, -291

ORDER TO RESPONDENT NAMED ABOVE

You are now under a commitment order.

- 1. It has been alleged that you have clearly refused to comply with the treatment prescribed for you under an outpatient commitment order.
- 2. It has been alleged that you intend to move to another county within the State of North Carolina and are in need of further treatment at your new residence.
- 3. You have been committed as a substance abuser, and it has been alleged that you need to be held in a 24-hour facility for longer than forty-five (45) consecutive days.
- 4. You have been committed after being charged with a violent crime and were found not guilty by reason of insanity or incapable of proceeding. The physician now treating you has determined that you do not need further treatment, but you may not be released without a hearing.
- 5. The physician now treating you at the inpatient facility where you are being held has determined that you meet the criteria for outpatient commitment.
- 6. You have requested a hearing to determine whether you should be discharged.

You are ORDERED to appear before a district court judge at the date, time and location indicated below. At that hearing, it will be determined whether your commitment will be continued or modified, or whether you will be discharged.

At the hearing you will be allowed to present evidence. You may hire an attorney to represent you. If you cannot afford to hire an attorney and have been committed as a substance abuser, an attorney will be appointed for you. If you have been committed to outpatient commitment, you may ask the judge to appoint an attorney for you. Based on the facts in the particular case, the judge may appoint one for you.

<i>Date Of Hearing</i>	<i>Time Of Hearing</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date</i>	<i>Signature</i>
<i>Location of Hearing</i>		<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court

NOTE TO CLERK: In addition to service on the respondent, this ORDER must be mailed to the petitioner (unless the petitioner waived his/her right to notice), the designated treatment center or physician and the respondent's counsel, if any, by first-class mail at least seventy-two (72) hours before the hearing. (If respondent was committed as a substance abuser, counsel appointed at the initial hearing remains responsible for representation.)

TO PETITIONER-ATTORNEY-TREATMENT CENTER

This ORDER to the respondent is sent to you to give you notice of the hearing described above.

<i>Name And Address Of Attorney For Respondent</i>	<i>Name And Address Of Petitioner</i>
<i>Name And Address Of Treatment Center Or Physician</i>	

NOTICE TO SHERIFF

This Notice must be served on the respondent personally at least seventy-two (72) hours before the hearing.

RETURN OF SERVICE

I certify that this Order was received and served on the respondent as follows:

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Respondent</i>
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- By delivering to the respondent named above a copy of this Order.
- Respondent WAS NOT served for the following reason:

<i>Date Received</i>	<i>Date Returned</i>	<i>Signature Of Deputy Sheriff Making Return</i>
		<i>Name Of Deputy Sheriff Making Return (Type Or Print)</i>
		<i>County Of Sheriff</i>

CLERK'S CERTIFICATION OF SERVICE

I certify that I have mailed a copy of this Order to the following, whose names and addresses are shown on the front of this form:

- petitioner
- treatment center/physician
- respondent's attorney

<i>Date</i>	<i>Signature</i>	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**ORDER
SUPPLEMENTAL HEARING ON
INVOLUNTARY COMMITMENT**

G.S. 122C-274, -291

FINDINGS

Based on the evidence presented, the Court finds by clear, cogent and convincing evidence that the respondent is currently under an involuntary commitment order issued by the Court, on the date and for the period listed below, and that: *(check appropriate blocks)*

- 1. The respondent has has not complied with the prescribed treatment.
- 2. The respondent does does not meet the criteria for outpatient substance abuse commitment.
- 3. The respondent has been committed as a substance abuser and will be held in a 24-hour facility for longer than forty-five (45) consecutive days. Further treatment in a 24-hour facility is is not necessary.
- 4. The respondent intends to move to _____ County.
- 5. Other: *(Give specific findings of fact supporting each statement checked above.)*

Court Of Commitment

Date Of Commitment

Length Of Commitment In Days

ORDER

It is ORDERED that:

- 1. respondent's commitment order be continued.
- 2. respondent's commitment order be modified as follows:
 - a. respondent's treatment in a 24-hour facility be continued for not more than _____ days. 90 days.
 - b. respondent's substance abuse commitment order be continued, but respondent is ordered released from the 24-hour facility.
- 3. respondent be discharged and the case dismissed.
- 4. Other:

- 5. treatment center/physician named below is designated to be the new supervisor of the respondent and this matter is transferred to the county named below.
- 6. respondent appear at the treatment center or physician's office named below on or before the date designated.

<i>Designated Treatment Center/Physician</i>	<i>Date By Which Respondent To Appear</i>
<i>Address</i>	<i>County To Which Matter Transferred</i>
<i>City, State, Zip</i>	<i>Signature Of District Court Judge</i>
<i>Telephone No.</i>	<i>Name Of District Court Judge (Type Or Print)</i>

STATE OF NORTH CAROLINA

Special Proceeding File No.

Criminal File No.

Additional File Nos.

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

Name Of Defendant/Respondent

Social Security No.

Has No Social Security No.

State Mental Health Facility Where Defendant/Respondent Is Committed

PETITION AND APPOINTMENT OF DEFENSE COUNSEL FOR COMMITTED RESPONDENT CHARGED WITH VIOLENT CRIME

G.S. 7A-451; 15A-1008, -1009; 122C-261(c), -268, -268.1, -270(a)

INSTRUCTIONS: Special Counsel at a state mental health facility completes Part I of this form to petition the Court for appointment of criminal defense counsel for a respondent who has been involuntarily committed after a finding of incapacity to proceed in a criminal case, and may be entitled to dismissal of the criminal charges pursuant to G.S. 15A-1008. The Court completes Part II of this form to assign or deny appointed counsel for the criminal case and completes AOC-CR-224. The Clerk records the criminal case appointment in the Automated Criminal Information System and provides a copy of the form to the appointed criminal defense attorney.

I. SPECIAL COUNSEL PETITION FOR APPOINTMENT OF DEFENSE COUNSEL

The above named defendant/respondent is charged in the above named county with the violent crime of (specify offense) _____, and was previously found by the Court to be incapable of proceeding to trial pursuant to G.S. 15A-1002 and involuntarily committed pursuant to G.S. 122C-268.

Upon information and belief, the defendant/respondent was previously found to be indigent and entitled to appointed counsel in the criminal case pursuant to G.S. 7A-450(a); was again found to be indigent pursuant to G.S. 122C-261(c) and -270(a), or refused to retain counsel in the commitment proceedings as provided in G.S. 122C-268(d) or -268.1(d); and has been committed since that time.

The criminal charge(s) identified above is still pending or has been dismissed with leave pursuant to G.S. 15A-1009.

The undersigned Special Counsel believes that (check all that apply):

- 1. The defendant/respondent will not gain capacity to proceed and the court may dismiss the criminal charge(s) pursuant to G.S. 15A-1008(1).
- 2. The defendant/respondent has been substantially deprived of his liberty for a period of time equal to or in excess of the maximum permissible period of confinement for the crime(s) charged and the court may dismiss the criminal charge(s) pursuant to G.S. 15A-1008(2).
- 3. The charge(s) identified above is a misdemeanor, 5 years have passed from the date of determination of incapacity to proceed in the case, and the court may dismiss the criminal charge(s) pursuant to G.S. 15A-1008(3).
- 4. The charge(s) identified above is a felony, 10 years have passed from the date of determination of incapacity to proceed in the case, and the court may dismiss the criminal charge(s) pursuant to G.S. 15A-1008(3).

I, the undersigned, am employed as Special Counsel at the above named state mental health facility and make application for appointment of a criminal defense attorney in the above named county to take appropriate action in the criminal case(s) pursuant to G.S. 15A-1008 and any other applicable provision of law.

Date _____ Signature Of Special Counsel _____ Name Of Special Counsel (Type Or Print) _____

II. ASSIGNMENT OR DENIAL OF COUNSEL

It appears to the Court that the above named defendant/respondent is charged in the above named county with a violent crime, which is a proceeding listed in G.S. 7A-451(a); and, after consideration of the prior indigency findings and involuntary commitment in this case, it is determined that the defendant/respondent:

- 1. is financially able to provide the necessary expenses of legal representation in the criminal case; it is ORDERED that the defendant/respondent is not an indigent and the petition is denied.
- 2. is **not** financially able to provide the necessary expenses of legal representation in the criminal case; it is ORDERED that the defendant/respondent is an indigent and is entitled to the services of counsel as contemplated by law, and that he/she shall be represented by: the attorney named below. the public defender in this judicial district.

It is further ORDERED that the Clerk of Superior Court shall record this appointment of counsel in the Automated Criminal Information System.

Name Of Appointed Criminal Defense Attorney (If Applicable) _____ Next Court Date _____

Date _____ Signature Of Judge _____ Name Of Judge (Type Or Print) _____

STATE OF NORTH CAROLINA

File No.

Originating Co. File No.

In The General Court Of Justice
District Court Division

County

IN THE MATTER OF:

PETITION AND ORDER FOR REMOVAL OF
A MENTAL COMMITMENT BAR TO
PURCHASE, POSSESS OR
TRANSFER A FIREARM

G.S. 122C-54.1

Name And Current Mailing Address Of Petitioner

Name And Address Of Attorney For Petitioner

Race Sex Date Of Birth

NOTE TO PETITIONER:

- 1. This petition must be filed in the district court of the county where you were the subject of the most recent judicial determination that either inpatient or outpatient treatment was appropriate or in the district of the county of your residence.
2. Upon request, you must sign a release for the district attorney to receive your mental health records.
3. You must serve a copy of this petition on the director of the inpatient and outpatient treatment facility, in-State or out-of-State, and the district attorney in your current county of residence.

I. PETITION

The petitioner named above hereby moves, pursuant to G.S. 122C-54.1, for the removal of the petitioner's mental commitment bar to purchase, possess, or transfer a firearm from the National Instant Criminal Background Check System, and in support of this petition states the following:

- 1. I am over the age of 18.
2. I am a resident of County.
3. The most recent judicial determination that I needed inpatient outpatient treatment was made in County, (name of state) .
4. I no longer suffer from the condition that resulted in my involuntary commitment for inpatient outpatient mental health treatment and no longer pose a danger to myself or others for purposes of the purchase, possession, or transfer of firearms pursuant to 18 U.S.C. § 922, G.S. 14-404, and G.S. 14-415.12.
5. My most recent inpatient outpatient mental commitment expired on (date) .
6. I was not committed for mental health treatment based on a finding of not guilty by reason of insanity.
7. If applicable, previously, I filed a petition in district court for the removal of the mental commitment bar under G.S. 122C-54.1, which was denied on (date) , in (name of county) .
8. If applicable, previously, I appealed the district court decision to the superior court on (date) , and my petition was denied. One year or more has passed since the date of the denial.

Date Name Of Petitioner (Type Or Print) Signature Of Petitioner

NOTE TO CLERK:

- 1. Calendar the hearing for a session of district court when the court regularly hears commitment matters. (G.S. 122C-54.1(b)). If your county does not have a regular commitment hearing calendar, schedule the hearing before a district court judge at a time when the petition can be heard in a closed session of court. HEARING IS CONFIDENTIAL. DO NOT PLACE ON A REGULAR DISTRICT COURT CALENDAR.
2. Complete AOC-G-180 (Notice Of Hearing), attach a copy of this petition and send to the Petitioner and your District Attorney.

II. CERTIFICATE OF SERVICE: SERVICE ON DIRECTOR OF THE
INPATIENT/OUTPATIENT TREATMENT FACILITY

I certify that a copy of this petition was served by:

- delivering a copy personally to the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.
depositing a copy of the enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.
leaving a copy with an employee at the office of the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.

Name Of Person With Whom Copy Left (Type Or Print)

Date Name (Type Or Print) Signature

III. CERTIFICATE OF SERVICE: SERVICE ON DISTRICT ATTORNEY

I certify that a copy of this petition was served by:

- delivering a copy personally to the district attorney of my county of residence.
- depositing a copy of the enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the district attorney of my county of residence.
- leaving a copy at the office of the district attorney of my county of residence.

Name Of Person With Whom Copy Left (Type Or Print)

Date	Name (Type Or Print)	Signature
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IV. FINDINGS OF FACT

This matter was heard before the undersigned judge upon the petition of the person named on the reverse. Having considered the petition, and after hearing the evidence, the Court finds by a preponderance of the evidence that:

- 1. The petitioner is over the age of 18.
- 2. The petitioner is a resident of _____ County.
- 3. The petitioner's most recent judicial determination that the petitioner needed inpatient outpatient treatment was made in _____ County, (name of state) _____.
- 4. The petitioner does does not continue to suffer from the condition that resulted in the petitioner's involuntary commitment for inpatient outpatient mental health treatment pursuant to Article 5 of Chapter 122C. (State reasons; G.S. 122C-54.1(c) requires the court to make "specific findings of fact on which it bases its decision.")
- 5. The petitioner does does not continue to pose a danger to himself/herself or others. (State reasons; G.S. 122C-54.1(c) requires the court to make "specific findings of fact on which it bases its decision.")
- 6. The petitioner's most recent inpatient outpatient mental commitment expired on (date) _____.
- 7. If the petitioner has filed a previous petition under G.S. 122C-54 that was denied, one year or more has passed since the date of the denial.
- 8. The petitioner was was not committed for mental health treatment based on a finding of not guilty by reason of insanity.

V. CONCLUSIONS OF LAW

After a hearing on this petition, and based on the foregoing findings, the Court concludes as follows: (check one)

- 1. The petitioner does not continue to suffer from the condition that resulted in the commitment and does not continue to pose a danger to self or others for the purposes of the purchase, possession, or transfer of firearms pursuant to 18 U.S.C. § 922, G.S. 14-404, and G.S. 14-415.12.; and therefore is entitled to the relief requested.
- 2. The petitioner continues to suffer from the condition that resulted in the commitment and therefore is **NOT** entitled to the relief requested.
- 3. The petitioner continues to pose a danger to self or others and therefore is **NOT** entitled to the relief requested.
- 4. The petitioner was found not guilty by reason of insanity and is **NOT** entitled to the relief requested.

VI. ORDER

NOTE: If Conclusion of Law 2 or 3 is checked, check number 2 below.

It is hereby ordered that:(check one)

- 1. The relief requested by the petitioner is granted. The petitioner no longer suffers from the condition that resulted in the commitment and no longer poses a danger to self or others. The record of the petitioner's involuntary commitment transmitted to the National Instant Criminal Background Check System (NICS) shall be removed. The clerk will transmit a copy of this Order to NICS.
- 2. The relief requested by the petitioner is **NOT** granted. The petitioner continues to suffer from the condition that resulted in the commitment or continues to pose a danger to self or others. The record of the petitioner's involuntary commitment shall remain in NICS.
- 3. The relief requested by the petitioner is **NOT** granted. The petitioner was found not guilty by reason of insanity.

Date	Name Of Judge (Type Or Print)	Signature Of Judge
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STATE OF NORTH CAROLINA

File No. _____
CountyIn The General Court Of Justice
District Court Division**IN THE MATTER OF:**

Name And Current Address Of Respondent

**REQUEST FOR TRANSPORTATION ORDER
AND ORDER
(OUTPATIENT FAILS BUT DOES NOT CLEARLY
REFUSE TO COMPLY WITH TREATMENT)**

G.S. 122C-273(a)(2)

Date Of Outpatient Commitment Order

Transport To (Name And Address Of Physician Or Center)

Date Period Of Commitment Expires

NOTE: Use this form only when (1) an Outpatient Commitment Order has been entered after a hearing in district court; (2) the respondent has failed, but has not clearly refused, to comply with all or part of the prescribed treatment, and (3) the respondent is to be taken to a physician or outpatient treatment center for examination. **DO NOT** use this form when the respondent has clearly refused to comply; instead use "Request For Supplemental Hearing (Outpatient Fails Or Clearly Refuses To Comply With Treatment)," AOC-SP-221. Other transportation orders are: "Notice Of Need For Transportation Order (From One 24-Hour Facility To Another)," AOC-SP-222; "Request For Transportation Order And Order (Committed Substance Abuser Fails To Comply Or Is Discharged From 24-Hour Facility)," AOC-SP-223; Request For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination), AOC-SP-224.

REQUEST

The outpatient physician, physician's designee or outpatient treatment center named below requests that the Clerk of Superior Court enter an order pursuant to G.S. 122C-273(a)(2) to take the Respondent named above into custody and to take the Respondent immediately to the outpatient treatment physician or center specified above for examination. In support of this request the undersigned states:

1. An Outpatient Commitment Order was entered in this proceeding on the date shown above and the Respondent was ordered to comply with prescribed treatment. The period of outpatient commitment has not expired.
2. The Respondent has failed to comply, but does not clearly refuse to comply, with all or part of the prescribed treatment after reasonable efforts to solicit compliance, in that (*Summarize facts showing failure to comply and reasonable efforts to solicit compliance*):

Date

Signature Of Physician, Physician's Designee Or Representative Of Center

-
- Physician
-
-
- Physician's Designee
-
-
- Representative Of Center (Title)

Name Of Physician Or Center (Type Or Print)

Name Of Person Signing Request (Type Or Print)

ORDER**TO ANY LAW ENFORCEMENT OFFICER:**

You are ORDERED to take the Respondent into custody, take the Respondent immediately to the specified outpatient treatment physician or center and turn the Respondent over to the custody of that physician or center.

Date

Signature

-
- Clerk Of Superior Court
-
-
- Assistant Clerk Of Superior Court

NOTE: See Side Two for Officer's Return.

AOC-SP-220, New 7/04

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OFFICER'S RETURN

*Respondent Taken Into Custody
Date*

Time

AM PM

*Respondent Turned Over To Physician Or Center
Date*

Time

AM PM

On the date and time shown above, I took the Respondent into custody. I took the Respondent immediately to the specified outpatient treatment physician or center and turned the Respondent over to the custody of that physician or center.

I DID NOT take the Respondent named above into custody because:

Date Of Return

Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return

Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)

County Of Sheriff Or City Of Law Enforcement Officer

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Current Address Of Respondent

REQUEST FOR SUPPLEMENTAL HEARING (OUTPATIENT CLEARLY REFUSES TO COMPLY WITH TREATMENT)

Date Of Outpatient Commitment Order

Date Period Of Commitment Expires

G.S. 122C-273(a)(1)

NOTE: Use this form only when (1) an Outpatient Commitment Order has been entered after a hearing in district court; (2) the Respondent has clearly refused to comply with all or part of the prescribed treatment, and (3) a supplemental hearing is requested. DO NOT use this form when the Respondent has failed, but has not clearly refused to comply; instead use "Physician's Request For Transportation Order And Order (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment), AOC-SP-220. NO TRANSPORTATION ORDER SHOULD BE ISSUED ON THIS REQUEST.

REQUEST

The outpatient physician, physician's designee or outpatient treatment center named below requests that the Clerk of Superior Court enter an order, pursuant to G.S. 122C-273(a)(1), for a supplemental hearing in this matter. In support of this request, the undersigned states:

- 1. An Outpatient Commitment Order was entered in this proceeding on the date shown above, and the Respondent was ordered to comply with prescribed treatment. The period of commitment has not expired.
2. The Respondent clearly refuses to comply with all or part of the prescribed treatment after reasonable efforts to secure compliance, in that (Summarize facts showing clear refusal to comply with treatment and reasonable efforts to solicit compliance.):

Date Of Request

Signature Of Outpatient Treatment Physician, Physician's Designee Or Representative Of Center

- Physician
Physician's Designee
Representative Of Center (Title)

Name Of Outpatient Treatment Physician Or Center (Type Or Print)

Name Of Person Signing Request (Type Or Print)

NOTE: To order a supplemental hearing, the Clerk should use Order To Appear At Supplemental Hearing For Involuntary Commitment, AOC-SP-205, and check Finding #1 on that form.

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

NOTICE OF NEED FOR TRANSPORTATION
ORDER AND ORDER
(FROM ONE 24-HOUR FACILITY TO ANOTHER)

G.S. 122C-206

Transport From (Name And Address Of Current 24-Hour Facility)

Transport To (Name And Address Of Receiving 24-Hour Facility)

NOTE: Use this form only to transport the Respondent from one 24-hour facility to another when the Respondent is in the current 24-hour facility either (1) pending district court hearing or upon commitment in an involuntary commitment proceeding or (2) under a voluntary admission effected by a minor or by a responsible person for a minor or incompetent adult.

NOTICE OF PROPOSED TRANSFER

The responsible professional named below gives notice pursuant to G.S. 122C-206(c1) that the Respondent named above is to be transferred from the current 24-hour facility named above to the receiving 24-hour facility named above, and that transportation is needed for this purpose.

Respondent In Involuntary Commitment Proceeding

- 1. a. The Respondent is being held at the current 24-hour facility for a district court hearing.
b. An Inpatient Commitment Order has been entered in this proceeding and the Respondent is being held at the current 24-hour facility pursuant to that Order.
2. I have obtained authorization from the receiving facility that the facility will admit the Respondent, have provided reasonable notification to the Respondent, or legally responsible person, of the reason for the transfer, and have documented the notice in the client's record.

Respondent Minor Or Incompetent Adult Who Was Voluntarily Admitted

- 1. The Respondent is a minor or incompetent adult who was admitted to the 24-hour facility pursuant to Part 3 or Part 4 of Chapter 122C of the General Statutes.
2. I have obtained authorization from the receiving facility that the facility will admit the Respondent, have provided reasonable notification to the Respondent, or legally responsible person, of the reason for the transfer, have documented the notice in the client's record, and have consulted with the legally responsible person.

Date

Signature Of Responsible Professional

Name Of Responsible Professional (Type Or Print)

ORDER

TO ANY LAW ENFORCEMENT OFFICER:

You are ORDERED to take the Respondent into custody at the current 24-hour facility specified above and to transport the Respondent to the receiving 24-hour facility specified above.

Date

Signature

- Clerk Of Superior Court
Magistrate
Assistant CSC

NOTE: See Side Two for Officer's Return.

OFFICER'S RETURN

*Respondent Taken Into Custody At Current
24-Hour Facility*

Date

Time

AM PM

Respondent Turned Over To 24-Hour Facility

Date

Time

AM PM

On the date and time shown above, I took the Respondent into custody at the specified current 24-hour facility. I took the Respondent immediately to the specified receiving 24-hour facility and turned the Respondent over to the custody of that facility.

I DID NOT take the Respondent named above into custody because:

Date Of Return

Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return

Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)

County Of Sheriff Or City Of Law Enforcement Officer

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Current Address Of Respondent

REQUEST FOR TRANSPORTATION ORDER
AND ORDER
(COMMITTED SUBSTANCE ABUSER
FAILS TO COMPLY WITH TREATMENT
OR IS DISCHARGED FROM 24-HOUR FACILITY)

G.S. 122C-290(b), -205.1(b)

Date Of Substance Abuse Commitment Order

Transport To (Name And Address Of Area Facility Or Physician)

Date Period Of Commitment Expires

NOTE: Use this form only when (1) the respondent has been committed as a substance abuser after a hearing in district court; (2) the respondent has either (a) failed to comply with all or part of prescribed outpatient treatment or (b) has been discharged from a 24-hour facility after escaping or breaching a condition of his/her release from the 24-hour facility, and 3) the respondent is to be taken to an area facility or physician for examination. DO NOT use this form in mental health cases. Mental health transportation orders are: Request For Transportation Order And Order (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment), "AOC-SP-220; "Notice Of Need For Transportation Order And Order (From One 24-Hour Facility To Another)," AOC-SP-222; "Request For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination)," AOC-SP-224.

REQUEST

The area facility or physician named below requests that the Clerk of Superior Court or Magistrate enter an order, pursuant to G.S. 122C-290(b), to take the Respondent named above into custody and to take the Respondent to the area facility or physician designated above for examination. In support of this request, the undersigned states:

- 1. A Substance Abuse Commitment Order was entered in this proceeding on the date shown above. The period of substance abuse commitment has not expired.
a. The area facility or physician responsible for management and supervision of the Respondent's commitment prescribed treatment on an outpatient basis; the Respondent failed to comply with all or part of the prescribed treatment after reasonable efforts to solicit the Respondent's compliance, in that (Summarize facts showing failure to comply and reasonable efforts to solicit compliance):
b. The Respondent was discharged from a 24-hour facility in accordance with G.S. 122C-205.1(b).

Date

Signature Of Physician Or Representative Of Area Facility

Physician

Name Of Physician Or Representative Of Area Facility

Representative Of Area Facility (Title)

ORDER

TO ANY LAW ENFORCEMENT OFFICER:

You are ORDERED to take the Respondent named above into custody, take the Respondent immediately to the area facility or physician designated above for examination, and to turn the Respondent over to the custody of that area facility or physician.

Date

Signature

Clerk Of Superior Court

Magistrate

Assistant Clerk Of Superior Court

NOTE: See Side Two for Officer's Return(s).

NOTE: The officer who first takes the Respondent into custody shall turn the Respondent over to the custody of the specified area facility or physician. The area facility of physician may release the Respondent or "have the Respondent taken" to a 24-hour facility. If the officer who took the Respondent into custody is also officer by whom the Respondent is taken to the 24 hour facility, that officer should complete the "Officer's Return" below by checking both Option #1 and Option #3. If a different officer takes the Respondent to the 24-hour facility, the first officer should complete the "Officer's Return" below by checking only Option #1. The second officer should complete the portion headed "For Use When A Different Officer Takes Respondent To 24-Hour Facility."

OFFICER'S RETURN

<i>Respondent Taken Into Custody Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Respondent Turned Over To Custody Of Area Facility Or Physician Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
---	--	---	--

- 1. On the date and time shown above, I took the Respondent into custody. I took the Respondent to the specified area facility or physician and, on the date and time shown above, turned the Respondent over to the custody of that area facility or physician.

- 2. I DID NOT take the Respondent named above into custody because:

- 3. In addition to turning the Respondent over to the custody of the specified area facility or physician, I then, at the examiner's request, took the Respondent to the 24-hour facility named below and turned the Respondent over to the custody of that 24-hour facility.

<i>Respondent Taken From Area Facility Or Physician Date</i>	<i>Respondent Turned Over To 24-Hour Facility Date</i>
<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM

<i>Date Of Return</i>	<i>Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return</i>
<i>Name And Address Of 24-Hour Facility</i>	<i>Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)</i>
	<i>County Of Sheriff Or City Of Law Enforcement Officer</i>

FOR USE WHEN A DIFFERENT OFFICER TAKES RESPONDENT TO 24-HOUR FACILITY

At the examiner's request, I took the Respondent into custody at the specified area facility or physician and took the Respondent to the 24-hour facility named below and turned the Respondent over to the custody of that 24-hour facility.

<i>Respondent Taken From Area Facility Or Physician Date</i>	<i>Respondent Turned Over To 24-Hour Facility Date</i>
<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM

<i>Date Of Return</i>	<i>Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return</i>
<i>Name And Address Of 24-Hour Facility</i>	<i>Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)</i>
	<i>County Of Sheriff Or City Of Law Enforcement Officer</i>

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Current Address Of Respondent

REQUEST FOR TRANSPORTATION ORDER
AND ORDER
(OUTPATIENT FAILS TO APPEAR FOR PREHEARING
EXAMINATION)

G.S. 122C-265(a); 122C-263(f)

Date Of First Examination

Name Of Examining Physician Or Eligible Psychologist

Date Of Missed Appointment

Name And Address Of Proposed Outpatient Treatment Physician Or Center

Time Of Missed Appointment

AM PM

NOTE: Use this form only when (1) a physician or eligible psychologist has conducted a first examination at the initiation of an involuntary commitment proceeding and has recommended outpatient treatment, (2) no hearing has yet been held in district court, (3) the physician or eligible psychologist has scheduled an appointment for the Respondent with a proposed outpatient treatment physician or center and has provided the Respondent with written notice of the appointment, and (4) the Respondent has failed to keep the appointment. Other transportation orders are: Request For Transportation Order And Order (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment), AOC-SP-220; "Notice Of Need For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination)," AOC-SP-221; "Request For Transportation Order And Order (Committed Substance Abuser Fails To Comply With Treatment Or Is Discharged From 24-Hour Facility)," AOC-SP-223.

REQUEST

The proposed outpatient treatment physician or center named below requests that the Clerk of Superior Court enter an order, pursuant to G.S. 122C-265(a), to take the Respondent named above into custody and to take the Respondent to the outpatient treatment physician or center specified above for examination. In support of this request, the undersigned notifies the Clerk that:

- 1. The physician or eligible psychologist named above has conducted the first examination provided for in G.S. 122C-263 and has recommended outpatient treatment; no hearing has yet been held in district court.
2. The physician or eligible psychologist scheduled an appointment for the Respondent with the proposed outpatient treatment physician or center named above for the date and time shown above, and provided the Respondent with written notice of the appointment and of the name, address and phone number of that physician or center.
3. The examining physician or eligible psychologist is different from the proposed outpatient treatment physician or center.
4. The Respondent failed to appear for examination at the scheduled date and time.

Date

Signature Of Proposed Outpatient Treatment Physician Or Representative Of Center

Physician

Name Of Proposed Outpatient Treatment Physician Or Center (Type Or Print)

Representative Of Center (Title)

ORDER

TO ANY LAW ENFORCEMENT OFFICER:

You are ORDERED to take the Respondent named above into custody, take the Respondent immediately to the proposed outpatient treatment physician or center specified above and turn the Respondent over to the custody of that physician or center.

Date

Signature

Clerk Of Superior Court

Assistant Clerk Of Superior Court

NOTE: See Side Two for Officer's Return.

OFFICER'S RETURN

Respondent Taken Into Custody
Date

Time

AM PM

Respondent Turned Over To Physician Or Center
Date

Time

AM PM

On the date and time shown above, I took the Respondent into custody. I took the Respondent immediately to the specified outpatient treatment physician or center and turned the Respondent over to the custody of that physician or center.

I DID NOT take the Respondent named above into custody because:

Date Of Return

Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return

Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)

County Of Sheriff Or City Of Law Enforcement Officer

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name, Address And Zip Code Of Respondent

**AFFIDAVIT AND PETITION FOR
INVOLUNTARY COMMITMENT**

G.S. 122C-261, 122C-281

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and is:

(Check all that apply)

- 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.
 - in addition to being mentally ill, respondent is also mentally retarded.
- 2. a substance abuser and dangerous to self or others.

The facts upon which this opinion is based are as follows: *(State facts, not conclusions, to support ALL blocks checked.)*

Name, Address And Zip Code Of Nearest Relative Or Guardian

Name, Address And Zip Code Of Other Person Who May Testify To Facts

Home Telephone No.

Business Telephone No.

Home Telephone No.

Business Telephone No.

Petitioner requests the court to issue an order to a law enforcement officer to take the respondent into custody for examination by a person authorized by law to conduct the examination for the purpose of determining if the respondent should be involuntarily committed.

SWORN AND SUBSCRIBED TO BEFORE ME

Signature Of Petitioner

Date

Name, Address And Zip Code Of Petitioner (Type Or Print)

Signature

- Deputy CSC Assistant CSC Clerk Of Superior Court Magistrate
- Notary *(use only with physician or psychologist petitioner)*

Relationship To Respondent

Date Notary Commission Expires

Home Telephone No.

Business Telephone No.

SEAL

Original-File Copy-Hospital Copy-Special Counsel Copy-Attorney General
(Over)

PETITIONER'S WAIVER OF NOTICE OF HEARING

I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.

Signature Of Witness

Date

Signature Of Petitioner

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**NOTICE OF HEARING/REHEARING
FOR INVOLUNTARY COMMITMENT**

Date Of Birth

G.S. 122C-264, -274, -276, -284, -292

NOTICE TO THE RESPONDENT NAMED ABOVE

(Check only one)

- 1. It has been alleged that you are mentally ill and a proper subject for involuntary commitment. inpatient outpatient
- 2. It has been alleged that you are a substance abuser and a proper subject for involuntary commitment.
- 3. The physician now treating you has determined that you are in need of further care and treatment beyond your present period of commitment.
- 4. You have been committed after (a) being charged with a violent crime and being found incapable of proceeding or (b) being found not guilty by reason of insanity. The physician now treating you has determined that further treatment is not necessary. However, you may not be released without the hearing referred to below.

A hearing will be held before a district court judge at the date, time and place indicated below. At that hearing it will be determined if you should be committed, released, or recommitted for treatment.

At this hearing you will be allowed to present evidence. If the hearing is for inpatient commitment or for commitment as a substance abuser, you have a right to be represented by an attorney. If you cannot afford an attorney, one will be appointed for you.

If the hearing is for an outpatient commitment, you may hire an attorney to represent you. If you cannot afford an attorney, you may ask the court to appoint one for you. However, the court may or may not appoint an attorney based upon the facts in your particular case.

Date Of Hearing

Place Of Hearing

Time Of Hearing

AM PM

NOTICE TO SHERIFF

This Notice must be served on the respondent at least seventy-two (72) hours before the hearing.

Date

Signature

Deputy CSC Assistant CSC Clerk Of Superior Court

RETURN OF SERVICE

I certify that this Notice was received and served on the respondent as follows:

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Respondent</i>
--------------------	---	---------------------------

1. By delivering to the respondent named above a copy of this Notice.
2. By leaving a copy of this Notice at the respondent's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

*Name Of Person With Whom Copies Left**Address Where Copies Delivered Or Left* Service Accepted By Attorney For Respondent*Signature**Date Accepted* Respondent WAS NOT served for the following reason:

<i>Date Received</i>	<i>Date Returned</i>	<i>Name Of Sheriff</i>
<i>County</i>		<i>Deputy Sheriff Making Return</i>

NOTE TO CLERK: (In Addition To Service On Respondent)

For cases in which the examiner recommends inpatient commitment for a person who is mentally ill:

The clerk in the county where the 24-hour facility is located must deposit in the mail a copy of this Notice by first-class mail at least 72 hours before the hearing to the respondent's counsel and the petitioner, unless the petitioner has waived his/her right to notice on form AOC-SP-300. If the respondent has been found not guilty by reason of insanity or has been charged with a violent crime and been found incapable of proceeding, the clerk must also mail a copy of the notice to the chief district court judge and the district attorney in the county in which the defendant was found not guilty by reason of insanity or incapable of proceeding.

For cases in which the examiner recommends outpatient commitment for a person who is mentally ill:

The clerk in the county where the petition was initiated must deposit in the mail a copy of this Notice by first-class mail at least 72 hours before the hearing to the proposed outpatient treatment center or physician and the petitioner, unless the petitioner has waived his/her right to notice. If the respondent was charged with a violent crime and found incapable of proceeding, see instructions immediately above for additional persons to be served.

For cases in which the examiner finds that the respondent is a substance abuser:

The clerk in the county where the facility is located if respondent is held in a 24-hour facility or the clerk in the county where the petition was initiated if not held in a 24-hour facility must deposit in the mail a copy of this Notice by first-class mail at least 72 hours before the hearing to the respondent's counsel and the petitioner, unless the petitioner has waived his/her right to notice. Notice should also be sent to the area authority or physician that will be responsible for the commitment.

CLERK'S CERTIFICATION OF SERVICE

I certify that I have mailed copies of this Notice by first class mail at least 72 hours before the hearing to the persons whose name and address are listed below (fill in only those appropriate):

<i>Name And Address Of Petitioner</i>	<i>Name And Address Of Counsel For Respondent</i>
<i>Name And Address Of Proposed Outpatient Treatment Center/Physician</i>	<i>Name And Address Of Area Authority/Physician</i>
<i>Date</i>	<i>Signature</i>
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	

County _____

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**FINDINGS AND CUSTODY ORDER
INVOLUNTARY COMMITMENT**

G.S. 122C-261, -263, -281, -283

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

I. FINDINGS

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably:

(Check all that apply)

- 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.
 - In addition to being mentally ill, the respondent probably is also mentally retarded.
- 2. a substance abuser and dangerous to self or others.

CUSTODY ORDER

TO ANY LAW ENFORCEMENT OFFICER:

The Court ORDERS you to take the above named respondent into custody

- 1. and take the respondent for examination by a person authorized by law to conduct the examination. (A COPY OF THE EXAMINER'S FINDINGS SHALL BE TRANSMITTED TO THE CLERK OF SUPERIOR COURT IMMEDIATELY.)
 - ➔ IF the examiner finds that the respondent IS NOT a proper subject for involuntary commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
 - ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for outpatient commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
 - ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for inpatient commitment, then you shall transport the respondent to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing.
 - ➔ IF the examiner finds that the respondent IS a substance abuser and subject to involuntary commitment, the examiner must recommend whether the respondent be taken to a 24-hour facility or released, and then you shall either release him/her or transport the respondent to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing.
- 2. and transport the respondent directly to the 24-hour facility named below, for temporary custody, examination and treatment pending a district court hearing. (FOR PHYSICIAN/PSYCHOLOGIST PETITIONERS ONLY.)

Name Of 24-Hour Facility For Mentally Ill

Date

Or following facility designated by area authority:

Time

AM PM

Name Of 24-Hour Facility For Substance Abuser

Signature

Or following facility designated by area authority:

- Deputy CSC
- Assistant CSC
- Clerk Of Superior Court
- Magistrate

NOTE TO MAGISTRATE OR CLERK:

If the respondent is mentally retarded in addition to being mentally ill, you must contact the area authority before issuing a custody order to determine the facility to which the respondent will be taken. If the area mental health authority where the respondent resides has a single portal plan, you must call the area authority to determine the appropriate 24-hour facility or other treatment before issuing any custody order.

NOTE TO ANY LAW ENFORCEMENT OFFICER:

You shall take the respondent into custody within 24 hours after the date this Order is signed. Without unnecessary delay after assuming custody, you shall take the respondent to an area facility for examination by a person authorized by law to conduct the examination; if an authorized examiner is not immediately available in the area facility, you shall take the respondent to any authorized examiner locally available. If an authorized examiner is not available, you may temporarily detain the respondent in an area facility if one is available; if an area facility is not available, you may detain the respondent under appropriate supervision, in the respondent's home, in a private hospital or clinic, or in a general hospital, but not in a jail or other penal facility. **Complete the Return Of Service on the reverse and return to the Clerk of Superior Court immediately.**

II. RETURN OF SERVICE

Respondent WAS NOT taken into custody for the following reason:

I certify that this Order was received and served as follows:

Date Respondent Taken Into Custody		Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Name Of Law Enforcement Officer		Signature Of Law Enforcement Officer		

A. PATIENT DELIVERY TO LOCAL EVALUATION SITE

- 1. The respondent was presented to an authorized examiner locally available as shown below.
- 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by an authorized examiner locally available.

Date Presented	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Name Of Examiner
Name Of Local Facility		Name Of Law Enforcement Officer	Signature Of Law Enforcement Officer	

B. FOR USE AFTER PRELIMINARY EXAMINATION

- 1. Upon examination, the examiner named above found that the respondent is mentally ill and meets the criteria for outpatient commitment, or is a substance abuser and meets the criteria for commitment and the examiner recommends release pending a hearing. I returned the respondent to his/her regular residence or the home of a consenting person.
- 2. Upon examination, the examiner named above found that the respondent is mentally ill and meets the criteria for inpatient commitment, or is a substance abuser and meets the criteria for commitment and the examiner recommends that the respondent be held pending the district court hearing.
 - I transported the respondent and placed the respondent in the temporary custody of the facility named below for observation and treatment.
 - I placed the respondent in the custody of the agency named below for transportation to the 24-hour facility.
- 3. Upon examination, the examiner named above found that the respondent did not meet the criteria for inpatient or outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person.

The examiner's written statement is attached. will be forwarded.

Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Official			

C. FOR USE WHEN PETITIONER IS PHYSICIAN/PSYCHOLOGIST

(NOTE: Section II above **MUST** be completed. Sections A and B should **NOT** be completed.)

I transported the respondent directly to and placed him/her in the temporary custody of the facility named below.

Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Official			

D. FOR USE WHEN ANOTHER AGENCY TRANSPORTS THE RESPONDENT

I took custody of the respondent from the officer named above, transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Person Taking Custody of Respondent		Signature Of Person Taking Custody Of Respondent			

E. FOR USE WHEN STATE FACILITY TRANSFERS WITHOUT ADMISSION

Pursuant to G.S. 122C-261(f), I took custody of the respondent from the state 24-hour facility named above, where he/she was not admitted, and transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of Facility To Which Transferred	Date Delivered	Time Delivered	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Or State Facility Official			

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**INVOLUNTARY COMMITMENT
CUSTODY ORDER
DEFENDANT FOUND
INCAPABLE TO PROCEED**

G.S. 15A-1003, -1004; 122C-261, -262, -263

I. FINDINGS

The respondent has been charged in File No. _____ with a criminal offense in the above named county has been found incapable of proceeding to trial under G.S. 15A-1002.

Based on the evidence presented, the Court finds that there are reasonable grounds to believe that the respondent is probably mentally ill and either dangerous to self or others or in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness in that (insert appropriate findings)

In addition, the Court finds that the respondent

1. is probably mentally retarded, in that *(insert appropriate findings)*

2. is charged with a violent crime in violation of G.S. _____, in that *(insert appropriate findings)*

Notice To 24-hour Facility:

Criminal charges are still pending against the respondent. You must report to the Clerk in the above named county the condition of the defendant-respondent and the likelihood of the defendant's gaining capacity to proceed at the time of each commitment rehearing. You must also report if the defendant-respondent regains capacity to proceed or if the defendant-respondent is released. If the defendant-respondent is released, he/she must be released to the law enforcement agency named below.

Name Of Law Enforcement Agency

CUSTODY ORDER

To The Sheriff Of _____ County:

The Court ORDERS you to take the above named respondent into custody and transport the respondent:

1. to a local person authorized by law to conduct an examination, for examination. *(Use when not charged with a violent crime.)*

2. directly to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing. *(Use when charged with a violent crime.)*

Name And Address Of 24-Hour Facility

Date

Signature Of Judge

Or following facility designated by area authority:

Name Of Judge (Type Or Print)

NOTE: Use AOC-SP-910M for involuntary commitment if defendant found not guilty by reason of insanity.

II. RETURN OF SERVICE

I certify that this Order was received and served as follows:

Date Respondent Taken Into Custody _____ Time _____ AM PM

A. FOR USE WHEN RESPONDENT NOT CHARGED WITH VIOLENT CRIME

- 1. The respondent was presented to an authorized examiner locally available as shown below.
- 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by an authorized examiner locally available.

Date Presented _____ Time _____ AM PM Name Of Examiner _____

Name Of Local Facility _____

- 1. Upon examination, the examiner named above found that the respondent did meet the criteria for outpatient commitment. I returned the respondent to his/her regular residence or to the home of a consenting person.
- 2. Upon examination, the examiner named above found that the respondent did meet the criteria for inpatient commitment.
 - I transported the respondent and placed the respondent in the temporary custody of the 24-hour facility named below for observation and treatment.
 - I placed the respondent in the custody of the agency named below for transportation to the 24-hour facility.
- 3. Upon examination, the examiner named above found that the respondent did not meet the criteria for inpatient or outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person.

The examiner's written statement is attached. will be forwarded.

Name Of 24-Hour Facility _____ Date Delivered _____ Time Delivered _____ AM PM Date Of Return _____

Name Of Transporting Agency _____ Signature Of Law Enforcement Official _____

B. FOR USE WHEN RESPONDENT CHARGED WITH VIOLENT CRIME

I transported the respondent directly to and placed him/her in the temporary custody of the facility named below.

Name Of 24-Hour Facility _____ Date Delivered _____ Time Delivered _____ AM PM Date Of Return _____

Name Of Transporting Agency _____ Signature Of Law Enforcement Official _____

C. FOR USE WHEN ANOTHER AGENCY TRANSPORTS THE RESPONDENT

I took custody of the respondent from the officer named above, transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of 24-Hour Facility _____ Date Delivered _____ Time Delivered _____ AM PM Date Of Return _____

Name Of Transporting Agency _____ Signature And Rank Of Law Enforcement Official _____

D. FOR USE WHEN STATE FACILITY TRANSFERS WITHOUT ADMISSION

Pursuant to G.S. 122C-261(f), I took custody of the respondent from the state 24-hour facility named above, where he/she was not admitted, and transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of Facility To Which Transferred _____ Date Delivered _____ Time Delivered _____ AM PM Date Of Return _____

Name Of Transporting Agency _____ Signature Of Law Enforcement Or State Facility Official _____

_____ County

In The General Court Of Justice
Superior Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**FINDINGS AND ORDER
INVOLUNTARY COMMITMENT
PHYSICIAN-PETITIONER
RECOMMENDS OUTPATIENT COMMITMENT**

G.S. 122C-261

NOTICE: *This form is to be used instead of the Findings And Custody Order (AOC-SP-302) only when the petitioner is a physician or psychologist who recommends outpatient commitment or release pending hearing for a substance abuser.*

FINDINGS

The petitioner in this case is a physician/eligible psychologist who has recommended outpatient commitment/substance abuse commitment with the respondent being released pending hearing.

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably:

- mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.
- a substance abuser and dangerous to himself/herself or others.

ORDER

It is ORDERED that a hearing before the district court judge be held to determine whether the respondent will be involuntarily committed.

Date

Signature

- Deputy CSC
- Clerk Of Superior Court

- Assistant CSC
- Magistrate

NOTE TO CLERK: *Schedule an initial hearing for the respondent pursuant to G.S. 122C-264 or G.S. 122C-284 and give notice of the hearing as required by those statutes.*

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Respondent

**ORDER INVOLUNTARY
COMMITMENT PROCEEDINGS
SUBSTANCE ABUSER**

G.S. 122C-287

FINDINGS

The Court finds that:

- 1. The petitioner was was not represented by counsel.
- 2. The respondent was was not represented by counsel.

Based on the evidence presented

- 3. by clear, cogent and convincing evidence finds as facts all matters set out in the physician's/eligible psychologist's/qualified professional's report, specified below, and the report is incorporated by reference as findings.

<i>Date</i>	<i>Name Of Examiner</i>
-------------	-------------------------

- 4. by clear, cogent and convincing evidence finds these other facts:

- 5. finds that the respondent does not meet the criteria for commitment.

CONCLUSIONS

Based on the above findings, the Court concludes that the respondent:

- 1. is a substance abuser.
- 2. is not a substance abuser.
- 3. is dangerous to himself. others.
- 4. is not dangerous to himself or others.

ORDER

It is ORDERED that:

- 1. the respondent be committed/recommitted to the area authority/physician named below for the period specified.
 - The respondent is now being held at the 24-hour facility listed below and the respondent is ordered returned to that facility to be held until the area authority/physician to whom the respondent is committed authorizes release.
 - and that venue be transferred to _____ County.
- 2. the respondent be discharged and this matter dismissed.

<p>Committed/recommitted to the area authority/physician for a period not to exceed</p> <p><input type="checkbox"/> _____ days. <input type="checkbox"/> 180 days. <input type="checkbox"/> 1 year.</p>	<p><i>Name And Address Of 24-Hour Facility</i></p> <hr/> <hr/> <hr/>
<p><i>Name And Address Of Area Authority/Physician</i></p> <hr/> <hr/> <hr/>	<p><i>Date</i></p> <hr/> <p><i>Signature Of District Court Judge</i></p> <hr/> <p><i>Name Of District Court Judge (Type Or Print)</i></p> <hr/>

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

**APPELLATE ENTRIES
INVOLUNTARY COMMITMENT**

G.S. 122C-272, -288

<p>Name And Address Of Appealing Respondent</p>	<p>Name And Address Of Appealing Respondent's Attorney in District Court (if respondent did not have an attorney, indicate that fact in this box, e.g. "Respondent Represented Self")</p>
<p>Name And Address Of Petitioner's Attorney</p>	<p>Telephone No.</p>
<p>Petitioner's Attorney's Email Address (if available)</p>	<p>Respondent 1's Attorney's Email Address (if available)</p>
<p>Telephone No.</p>	<p>Respondent's Initial Appellate Counsel</p> <p><input type="checkbox"/> The Appellate Defender, 123 W. Main Street, Suite 500 Durham, NC 27701 (919) 560-3334 email: appellatedefender@nccourts.org (The Appellate Defender is appointed when the respondent is indigent.)</p> <p><input type="checkbox"/> Name, address, and telephone number of retained appellate counsel</p>
<p>Date(s) Of Hearings(s) On Which Appealed Order(s) Is Based</p>	

INITIAL APPEAL ENTRIES

1. Pursuant to G.S. 122C-272 or G.S. 122C-288, the respondent has given Notice of Appeal to the N.C. Court of Appeals from the District Court's Order entered (signed by the judge and filed) on (specify date) _____.
2. The respondent does not read or speak the English language, but reads and/or speaks his or her native language of _____. The Court therefore authorizes the services of a language translator or interpreter during the pendency of the appeal for the purposes of (1) written translation of attorney-client correspondence, list of proposed issues on appeal, appellate briefs filed by the defendant and the State, and appellate opinion(s), and/or (2) verbal interpretation of attorney-client communication at each critical stage of the appellate proceedings.
The Court further Orders that a language translator or interpreter with the necessary knowledge, skill, experience, training and education to perform the above services shall be selected and paid by the Administrative Office of the Courts.
3. Based on the respondent-appellant's affidavit of indigency, the Court finds that
 - The respondent is not indigent.
 - The respondent is indigent. Therefore, it is ORDERED that the respondent is allowed to appeal as an indigent and:
 - a. The Office of Indigent Defense Services shall pay the costs of producing a transcript for the respondent and of reproducing the record and the respondent's brief and other pleadings.
 - b. The Appellate Defender is appointed to perfect the respondent's appeal.
 - c. The Clerk shall furnish to the respondent's appellate counsel a copy of the complete trial division file in the involuntary commitment proceeding and, upon request, any documentary exhibits, unless the clerk has furnished a copy to trial counsel for use in the appeal.
 - d. The Clerk shall duplicate the audio recording of the hearing(s), date(s) listed above, and shall deliver the duplicate recording and two copies of these Appellate Entries to the person designated by the AOC Court Reporter Coordinator to produce a transcript of the hearing(s). No fee shall be charged for the cost of the duplicate recording.
 - e. The Clerk shall deliver to the Office of the Appellate Defender a copy of these Appellate Entries and a copy of the order(s) from which the respondent appeals.
 - f. The Clerk also shall deliver a copy of these Appellate Entries to counsel for all other parties, or to the parties themselves if not represented by counsel.

Date	Name Of Presiding Judge (Type or Print)	Signature Of Presiding Judge Or Chief District Court Judge
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ORDER OF TRANSCRIPT

The Clerk of Court hereby designates the person named below to receive a duplicate recording of the hearing(s) in this action. The designated person is authorized to listen to the duplicate recording and to transcribe the proceedings verbatim.

Name, Address And Telephone No. Of Authorized Person (Type Or Print)

The Court orders that the authorized person maintain strict confidentiality of the record(s) in accordance with the statutes. This person shall return the duplicate recording of this proceeding to the custody of the Clerk of Superior Court immediately upon the completion of the transcription of this matter. The Clerk, upon receipt of the duplicate recording of this confidential proceeding, shall erase it.

The Court orders that the authorized person named above shall transmit a copy of the transcript to each of the parties who have made arrangements to pay for the copy.

TRACKING AND RECEIPT

I have transmitted to the authorized person named above the duplicate recording and two copies of these Appellate Entries by personally delivering it to that person. mailing it via the U.S. Postal Service to that person.

Date Transmitted

Signature

Deputy CSC Assistant CSC
 Clerk Of Superior Court

I have received the duplicate recording from the Clerk of Superior Court and have acknowledged receipt by promptly returning to the Clerk this signed copy of the Court's Appellate Entries.

Date Received

Signature Of Person Authorized To Transcribe

The duplicate of the recording has been returned to the Clerk Of Superior Court by the authorized person.

Date Returned

Signature

Deputy CSC Assistant CSC
 Clerk Of Superior Court

THIRTY DAY EXTENSION OF TIME TO PREPARE TRANSCRIPT

Pursuant to Rules 7 and 27 of the N.C. Rules of Appellate Procedure, upon motion of the respondent, and for good cause shown,

It is ORDERED that the time for preparation of the transcript is extended 30 days to and including _____

NOTE: The trial court may grant only one extension of time for a maximum of thirty days to prepare the transcript. A motion for any further extension of time must be made in the Appellate Division. Rules 7(b)(1) and 27(c)(2), N.C. Rules of Appellate Procedure.

Date

Name Of Presiding Judge (Type or Print)

Signature Of Presiding Judge

THIRTY DAY EXTENSION OF TIME TO SERVE PROPOSED RECORD ON APPEAL

Pursuant to Rules 7 and 27, N.C. Rules of Appellate Procedure, upon motion of the respondent, and for good cause shown,

It is ORDERED that the time for service of the proposed record on appeal is extended for 30 days to and including _____

NOTE: The trial court may grant only one extension of time for a maximum of thirty days to serve the proposed record on appeal. A motion for any further extension of time must be made in the Appellate Division. Rules 7(b)(1) and 27(c)(2), N.C. Rules of Appellate Procedure.

Date

Name Of Presiding Judge (Type or Print)

Signature Of Presiding Judge

CERTIFICATION

I certify that this Appellate Entries form is a true and complete copy of the original on file in this case.

Date

Signature And Seal

Deputy CSC Assistant CSC Clerk Of Superior Court

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name Of Respondent

**REQUEST AND AUTHORIZATION
TO DELIVER RESPONDENT**

G.S. 122C-251(f)

REQUEST

I request that I be authorized to transport the above named respondent to the mental health facility named below, and agree to bear the cost of such transportation. I believe the respondent is not substantially dangerous to himself/herself or others.

Date

Signature Of Person Making Request

AUTHORIZATION

Under North Carolina law, and upon request, the individual named below is authorized and directed to immediately transport and deliver the respondent to the facility named below.

Name And Address Of Person Authorized To Transport And Deliver Respondent

Name And Address Of Mental Health Facility

You are also directed to deliver the court records pertaining to respondent's admission to the admitting official of the facility, and obtain an acknowledgment of your delivery of the respondent and the court records from the admitting official of the facility. The acknowledgment of delivery shall be immediately returned to the Clerk.

Date

Signature

Magistrate Deputy CSC Assistant CSC CSC

ACKNOWLEDGMENT BY MENTAL HEALTH FACILITY

I acknowledge receipt of respondent and copies of the court records relating to admission of the respondent at this facility. I understand that under North Carolina law the findings of the physician must be returned to the Clerk within forty-eight (48) hours.

Name Of Facility

Date

Signature

Title

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

**OUTPATIENT COMMITMENT
ORDER OF ASSIGNMENT OR
DENIAL OF COUNSEL**

Name And Address Of Respondent

G.S. 122C-267(d)

FINDINGS

From the petition heard in this matter, it appears to the Court that the respondent named above is party to a proceeding listed in G.S. 122C-267.

And from the affirmation of the applicant, his/her guardian or family member, and from inquiry made by the Court, which is documented in the record, it is determined that the respondent is not represented by counsel and:

- is not financially able to provide the necessary expenses of legal counsel.
- is financially able to provide the necessary expenses of legal counsel.

Further, the Court determines that:

- legal or factual issues to be raised in this matter are of such complexity that the assistance of counsel is necessary for adequate presentation of the merits.
- respondent is unable to speak for himself/herself and needs counsel appointed to represent him/her.
- respondent is not required to be represented by counsel under G.S. 122C-267(d).

ORDER

It is ORDERED that:

- the respondent is entitled to the services of court appointed counsel, and that he/she shall be represented by
 - the attorney named below. the public defender in this judicial district.
- the hearing in this matter is continued until the date, time and location set out below. *(Hearing must be held within 5 days of this Order.)*
- the respondent is not entitled to the services of court appointed counsel and this petition is denied.

<i>Date Of Hearing</i>	<i>Time</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Location Of Hearing</i>
<i>Name And Address Of Attorney (if applicable)</i>		<i>Date</i>	
		<i>Signature</i>	
<i>Telephone No.</i>		<input type="checkbox"/> <i>Judge</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i>	

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

**PETITION AND CUSTODY ORDER
FOR SPECIAL EMERGENCY
SUBSTANCE ABUSE
INVOLUNTARY COMMITMENT**

G.S. 122C-282

Name And Address Of Respondent

Drivers License No., If Known

State

Date Of Birth Of Respondent

I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and is a substance abuser who is dangerous to himself or others. I have taken the respondent into custody and brought the respondent immediately before the Court because he/she is violent and requires restraint and the delay which would result from obtaining a medical examination would endanger life or property.

Name And Address Of Nearest Relative Or Guardian (Including Zip Code)

Name And Address Of Other Person Who May Testify To Facts (Including Zip Code)

Home Telephone No.

Business Telephone No.

Home Telephone No.

Business Telephone No.

I request the Court to authorize the transportation of the respondent to a 24-hour facility for temporary custody, observation and treatment pending a district court hearing.

SWORN AND SUBSCRIBED TO BEFORE ME

Signature Of Petitioner-Officer

Date

Name And Address Of Petitioner-Officer (Including Zip Code) (Type Or Print)

Signature

- Deputy CSC Assistant CSC Clerk Of Superior Court
- Magistrate

Original-File Copy-hospital Copy-Special Counsel Copy- ttorney General
(Over)

FINDINGS

The Court finds that there are are not reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably a substance abuser and dangerous to himself or others.

The Court further finds by clear, cogent, and convincing evidence that the respondent is is not in fact violent and requires restraint, and delay in taking the respondent to a person authorized by law to conduct an examination, for examination would endanger life or property.

CUSTODY ORDER

TO ANY LAW ENFORCEMENT OFFICER

The Court orders you to take the named respondent into custody and transport the respondent directly to the 24-hour facility named below, for temporary custody, examination and treatment pending a district court hearing.

<i>Name And Address of 24-Hour Facility For Substance Abuser</i>	<i>Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
	<i>Signature</i>	
	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Magistrate	<input type="checkbox"/> Assistant CSC

RETURN OF SERVICE

The respondent WAS NOT taken into custody for the following reason:

I certify that this Order was received and served as follows:

<i>Date Respondent Taken Into Custody</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
---	--

I transported the respondent directly to and placed him in the temporary custody of the facility named below.

<i>Name Of 24-Hour Facility For Substance Abuser</i>	<i>Date Order Received</i>	<i>Date Of Return</i>
<i>Date Delivered</i>	<i>Signature Of Law Enforcement Officer</i>	
<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Transporting Agency</i>	

PETITIONER'S WAIVER OF NOTICE OF HEARING

I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.

<i>Signature Of Witness</i>	<i>Date</i>
	<i>Signature Of Petitioner-Officer</i>

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name And Address Of Respondent (Including Zip Code)

**AUTOMATIC
INVOLUNTARY COMMITMENT OF
DEFENDANT FOUND NOT GUILTY
BY REASON OF INSANITY**

G.S. 15A-1321; 122C-268.1

FINDINGS AND COMMITMENT

The respondent has been charged in File No. _____ with a criminal offense in the above named county and has been found not guilty by reason of insanity.

Therefore, the Court ORDERS the respondent committed to the State 24-hour facility named below.

The Court also ORDERS the law enforcement agency named below to take the respondent into custody and transport the respondent directly to the State 24-hour facility named below for commitment.

Name Of State 24-Hour Facility

Date

Signature Of Judge

Name Of Law Enforcement Agency To Transport

Name Of Judge (Type Or Print)

RETURN OF SERVICE

I certify that this Order was received and served as follows:

- I took respondent into custody and transported respondent directly to and placed respondent in the custody of the facility named below.

Date Respondent Taken Into Custody

Date Delivered

Name Of State 24-Hour Facility

- I did not carry out the order for the following reason:

Date Order Received

Signature Of Law Enforcement Officer

Date Of Return

Name Of Transporting Agency

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name And Address Of Respondent

Name And Address Of Attorney For Respondent

**APPOINTMENT OF COUNSEL AND
NOTICE OF HEARING/REHEARING
VOLUNTARY ADMISSION OF MINOR**

G.S. 122C-224.1

To The Attorney For Respondent Named Above:

The respondent named above has been admitted to a 24-hour facility as a minor who is mentally ill or a substance abuser and is in need of treatment and is entitled to the appointment of counsel.

You are appointed as the attorney to represent the respondent in this matter.

A hearing will be held before a district court judge at the date, time and place indicated below. At that hearing it will be determined whether the Court concurs in the admission/readmission and whether the respondent's admission will be continued.

Date Of Hearing

Time

AM

PM

Place Of Hearing

I certify that I have mailed copies of this Notice by first class mail at least 72 hours before the hearing to the persons whose name and address are listed below:

Name And Address Of Respondent's Legally Responsible Person

Name And Address Of Responsible Professional At 24-hour Facility

Date

Signature

Assistant CSC

Clerk Of Superior Court

RETURN OF SERVICE

NOTE TO SHERIFF: This Notice must be served on the respondent's attorney at least seventy-two (72) hours before the hearing.

I certify this Notice was received and served on the respondent as follows:

Date Served

Name Of Respondent's Attorney

- By delivering to the respondent's attorney a copy of this Notice.
- By leaving a copy of this Notice at the dwelling house or usual place of abode of the respondent's attorney with a person of suitable age and discretion residing therein.

Name And Address Of Person With Whom Copy Left

Respondent's Attorney WAS NOT served for the following reason:

Date Received

Date Returned

Name Of Sheriff

County

Deputy Sheriff Making Return

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**ORDER
VOLUNTARY ADMISSION
OF MINOR**

G.S. 122C-224, -224.3

FINDINGS

The Court finds that:

- 1. The respondent is a minor.
- 2. The respondent is represented by the attorney named below:

Name Of Attorney

- 3. The respondent is present at the hearing.
- 4. The respondent appears before the Court to provide testimony and to answer the Court's questions; otherwise, respondent's appearance is waived.
- 5. The respondent's appearance is waived.
- 6. The respondent was voluntarily admitted to the 24-hour facility named below on the date specified.

Name Of Facility

Date Of Admission

- 7. The Court previously concurred in the admission, and the matter before the Court is the readmission of the respondent.

Based on the evidence presented, the Court

- 8. by clear, cogent and convincing evidence finds as facts all matters set out in the evaluation for admission/continued stay of the physician or other professional specified below, and the report is incorporated by reference as findings.

Date Of Report

Name Of Physician/Professional

- 9. by clear, cogent and convincing evidence finds these other facts:

CONCLUSIONS

Based on the above findings, the Court concludes that

- 1. the respondent
 - is is not mentally ill.
 - is is not a substance abuser.
 - is is not in need of continued treatment at the 24-hour facility to which the respondent has been admitted.
- 2. less restrictive measures would not be sufficient.
- 3. reasonable grounds exist to believe that the respondent is mentally ill a substance abuser and is in need of treatment at the 24-hour facility to which the respondent has been admitted but additional diagnosis and evaluation is needed before the court can concur in the admission.
- 4. the respondent does not meet the criteria for admission.

ORDER

- 1. The Court concurs with the voluntary admission and authorizes the continued admission of the respondent for the length of time specified below.

<i>Length Of Admission</i>
_____ days

- 2. The COURT authorizes an additional stay for the length of time specified below for further diagnosis and evaluation and ORDERS this matter rescheduled for further hearing at the date, time and place specified below:

<i>Length Of Additional Stay</i>	
_____ days (cannot exceed 15)	
<i>Date Of Hearing</i>	<i>Place Of Hearing</i>
<i>Time Of Hearing</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM

- 3. The Court does not concur in the voluntary admission and the respondent is ordered released.
- 4. Other:

<i>Date</i>	<i>Name Of District Court Judge (Type Or Print)</i>	<i>Signature Of District Court Judge</i>
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STATE OF NORTH CAROLINA _____ County	RELEASE OF PHYSICAL AND MENTAL HEALTH, SUBSTANCE ABUSE AND CONFIDENTIAL COURT RECORDS FOR CONCEALED HANDGUN PERMIT	
<i>Name And Address Of Applicant</i>	<i>Date Of Birth</i>	
	<i>Social Security No.</i>	
	<i>State Drivers License No. (State Identification No. If No Drivers License)</i>	<i>State</i>
<p>I hereby authorize and require any and all doctors, hospitals or other providers who have ever provided physical or mental health or substance abuse treatment or care to me, including without limitation the providers named below, to release to the sheriff of the above named county any and all records concerning my physical capacity, mental health, mental capacity or substance abuse that the sheriff may reasonably request in connection with my application for a concealed handgun permit. The purpose of the release is to enable the sheriff to determine my qualification and competence to handle a handgun. I understand that alcohol and substance abuse information is protected by federal regulations and that other confidential records such as psychiatric information may be protected by North Carolina statute. Accordingly, I specifically authorize the release of any and all alcohol, substance abuse and psychiatric information that may be documented in my records.</p> <p>I understand that further disclosure or redisclosure by the sheriff of any information disclosed to the sheriff pursuant to this Release is prohibited without my further written consent unless otherwise provided for by state or federal law. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on this Release. Even without my express revocation, this Release will expire upon the satisfaction of the request or one year from the date below, whichever occurs first.</p>		
Name Of Provider	Address Of Provider	
<p>I also request and authorize any and all clerks of superior court of North Carolina to inform the sheriff of this County whether or not the clerk's records contain the record of any involuntary commitment proceeding under Article 5 of Chapter 122C of the General Statutes in which I have been named as a respondent and, if so, to reveal to the sheriff any confidential information in the court files or records of each such proceeding that the sheriff may reasonably require in order to determine whether or not to issue a concealed handgun permit to me. This Release may be treated as a motion in the cause within the meaning of G.S. 122C-54(d) and a clerk may reveal information to the sheriff pursuant to any specific or standing order entered in response to or anticipation of this motion.</p> <p>Any expenses relating to the search, production, copying and certification of a medical or court record pursuant to this Release shall be my responsibility. I authorize the sheriff to photocopy this Release after I sign it, and I authorize any provider to whom a photocopy of this Release is presented to rely on the photocopy as being as effective as the original.</p>		
SWORN AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature Of Person Authorized To Administer Oaths</i>	<i>Signature Of Applicant</i>
<i>Title</i>		
<i>Date Commission Expires</i>		
		SEAL
AOC-SP-914M, New 12/95, © 1997 Administrative Office of the Courts		

County _____

File # _____

Client Record # _____

Film # _____

**EXAMINATION AND RECOMMENDATION TO
 DETERMINE
 NECESSITY FOR INVOLUNTARY COMMITMENT**

Name of Respondent:	Age	DOB	Sex	Race	M.S.
Address (Street, Box Number, City, State, Zip (use facility address after 1 year in facility):			County:		
			Phone:		
Legally Responsible Person <input type="checkbox"/> Next of Kin (Name and Address)			Relationship:		
			Phone:		
Petitioner (Name and address)			Relationship:		
			Phone		

The above-named respondent was examined on _____, 20__ at _____ o'clock ____.M. at _____
 _____ OR, I examined the respondent via telemedicine technology on _____ 20__ at
 _____ o'clock ____.M. Included in the examination was an assessment of the respondent's: (1) current and previous mental illness or
 mental retardation including, if available, previous treatment history; (2) dangerousness to self or others as defined in G.S. 122C-3 (11*); (3)
 ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) capacity to
 make an informed decision concerning treatment. (1) current and previous substance abuse including, if available, previous treatment history;
 and (2) dangerousness to himself or others as defined in G.S. 122C-3 (11*). The following findings and recommendations are made based on
 this examination. For telemedicine evaluations only: I certify to a reasonable degree of medical certainty that the results of the examination
 via telemedicine were the same as if I had been personally present with the respondent OR The respondent needs to be taken to a facility for
 a face to face evaluation. (*Statutory Definitions are on reverse side)

SECTION I - CRITERIA FOR COMMITMENT

Inpatient. It is my opinion that the respondent is: mentally ill; dangerous to self; dangerous to others
 (1st Exam – Physician or Psychologist) in addition to being mentally ill is also mentally retarded
 (2nd Exam – Physician only) none of the above

Outpatient. It is my opinion that: the respondent is mentally ill
 (Physician or Psychologist) the respondent is capable of surviving safely in the community with available supervision
 based upon the respondent's treatment history, the respondent is in need of treatment in order
 to prevent further disability or deterioration which would predictably result in dangerousness
 as defined by G.S. 122C-3 (11*)
 the respondent's current mental status or the nature of his illness limits or negates his/her
 ability to make an informed decision to seek treatment voluntarily or comply with
 recommended treatment
 none of above

Substance Abuse. It is my opinion that the respondent is: a substance abuser
 (1st Exam – Physician or Psychologist; 2nd Exam – If 1st dangerous to himself or others
 exam done by Physician, 2nd exam may be done by Qual. Prof.) none of the above

SECTION II – DESCRIPTION OF FINDINGS

Clear description of findings (findings for each criterion checked above in Section I must be described):

over

Notable Physical Conditions:

Current Medications (medical and psychiatric)

Impression/Diagnosis:

SECTION III - RECOMMENDATION FOR DISPOSITION

- Inpatient Commitment for _____ days (respondent must be mentally ill **and** dangerous to self or others)
- Outpatient Commitment (respondent must meet **ALL** of the first four criteria outlined in Section I, **Outpatient**)
- Proposed Outpatient Treatment Center or Physician: (Name) _____
(Address and Phone Number) _____
- LME notified of appointment: (Name of LME and date) _____
- Substance Abuse Commitment (respondent must meet both criteria outlined in Section I, **Substance Abuse**)
 - Release respondent pending hearing - Referred to: _____
 - Hold respondent at 24-hour facility pending hearing – Facility: _____
- Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found not guilty by reason of insanity or incapable of proceeding: therefore, the respondent will not be released until so ordered following the court hearing.
- Respondent or Legally Responsible Person Consented to Voluntary Treatment
- Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)
- Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- Other (*Specify*) _____

<p style="text-align: right;">_____ M.D.</p> <p style="text-align: center;">Physician Signature</p> <hr/> <p style="text-align: center;">Signature/Title – Eligible Psychologist/Qualified Professional</p> <hr/> <p style="text-align: center;">Print Name of Examiner</p> <hr/> <p style="text-align: center;">Address or Facility</p> <hr/> <p style="text-align: center;">City and State</p> <hr/> <p style="text-align: center;">Telephone Number</p>	<p>This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment</p> <hr/> <p style="text-align: center;">Original Signature – Record Custodian</p> <hr/> <p style="text-align: center;">Title</p> <hr/> <p style="text-align: center;">Address or Facility</p> <hr/> <p style="text-align: center;">Date</p> <p>NOTE: Only copies to be introduced as evidence need to be certified</p>
--	--

CC: Clerk of Superior Court where petition was initiated (initial hearing only)
 Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised
 Respondent or Respondent’s Attorney and State’s Attorneys, when applicable
 Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Program / Physician (Substance Abuse Commitment)
 NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

***STATUTORY DEFINITIONS**

“Dangerous to self”. Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a **prima facie** inference that the individual is unable to care for himself; or (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

“Dangerous to others”. Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

“Mental illness”. (a) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth’s capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

“Substance abuser”. An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.

SUPPLEMENT TO SUPPORT IMMEDIATE HOSPITALIZATION
(To be used in addition to "Examination and Recommendation for Involuntary Commitment, Form 572-01)

CERTIFICATE

The Respondent, _____
requires immediate hospitalization to prevent harm to self or others because:

I certify that based upon my examination of the Respondent, which is attached hereto,
the Respondent is (check all that apply):

- Mentally ill and dangerous to self
- Mentally ill and dangerous to others
- In addition to being mentally ill, is also mentally retarded

Signature of Physician or Eligible Psychologist

Address: _____

City State Zip: _____

Telephone: _____

Date/Time: _____

Name of 24-hour facility: _____

Address of 24-hour facility: _____

NORTH CAROLINA

_____ County
Sworn to and subscribed before me this
_____ day of _____, 20__

(seal)

Notary Public

My commission expires: _____

Pursuant to G.S. 122C-262 (d), this certificate *shall serve as the Custody Order* and the law enforcement officer or other person *shall provide transportation to a 24-hr. facility in accordance with G.S. 122C-251.*

CC: 24-hour facility
Clerk of Court in county of 24-hour facility

Note: If it cannot be reasonably anticipated that the clerk will receive the copy within 24 hours (excluding Saturday, Sunday and holidays) of the time that it was signed, the physician or eligible psychologist shall also communicate the findings to the clerk by telephone.

TO LAW ENFORCEMENT: See back side for Return of Service

RETURN OF SERVICE			
<input type="checkbox"/> Respondent WAS NOT taken into custody for the following reason:			
<input type="checkbox"/> I certify that this Order was received and served as follows:			
<i>Date Respondent Taken into Custody</i>	<i>Time</i>		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
<i>Name of 24-Hour Facility</i>	<i>Date Delivered</i>	<i>Time Delivered</i>	<i>Date of Return</i>
		AM <input type="checkbox"/> PM <input type="checkbox"/>	
<i>Name of Transporting Agency</i>	<i>Signature of Law Enforcement Official</i>		

SUPPLEMENT TO SUPPORT IMMEDIATE HOSPITALIZATION
(To be used in addition to "Examination and Recommendation for Involuntary Commitment, Form 572-01)

CERTIFICATE

The Respondent, _____
requires immediate hospitalization to prevent harm to self or others because:

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- Mentally ill and dangerous to others
- In addition to being mentally ill, is also mentally retarded

Signature of Physician or Eligible Psychologist

Address: _____

City State Zip: _____

Telephone: _____

Date/Time: _____

NORTH CAROLINA

_____ County
Sworn to and subscribed before me this
_____ day of _____, 20__

(seal)

Notary Public

My commission expires: _____

CC: 24-hour facility
Clerk of Court in county of 24-hour facility

County _____
 Client Record # _____

(Restrictive 24-hour Facilities)
Voluntary Minors and Incompetent Adults

File # _____
 File # _____

NAME OF MINOR OR INCOMPETENT ADULT	AGE	BIRTHDATE	SEX	RACE	M.S.
ADDRESS (Street, Apt., Route, Box Number, City, State, Zip - Use facility address after 1 year in facility)				County	
				Phone	
LEGALLY RESPONSIBLE PERSON (Name and Address)				Relationship	
				Phone	

The above-named minor incompetent adult was examined on _____, 20____, at _____ o'clock _____m. in _____ . The results of the examination are as follows:

DESCRIPTION OF FINDINGS (Include indications for mental illness or substance abuse and need for further treatment or evaluation. Also include information provided by family members regarding the individual's need for further treatment).

(OVER)

DESCRIPTION OF FINDINGS (continued): _____

NOTABLE PHYSICAL CONDITIONS:

CURRENT MEDICATIONS (Medical and Psychiatric):

IMPRESSION / DIAGNOSIS:

As a result of my examination, it is my opinion that the above-named individual:

- IS IS NOT mentally ill or a substance abuser
- IS IS NOT in need of further evaluation by the facility
- DOES NEED OR CAN BENEFIT DOES NOT NEED OR CANNOT BENEFIT from the care, treatment, habilitation or rehabilitation available at the facility

RECOMMENDATION FOR DISPOSITION:

- Admit for treatment / rehabilitation (applies to initial hearings only)
- Admit for further diagnosis and evaluation not to exceed an additional 15 days following the initial hearing
- Continue treatment for _____ days (applies to rehearings only)
- Other (Specify) _____

<p>_____ Signature / Title - Responsible Professional</p> <p>_____ Print Name of Responsible Professional</p> <p>_____ Facility Name and Address</p> <p>_____ City, State, Zip</p> <p>_____ Telephone Number</p>	<p>This is to certify that this is a true and exact copy of the Evaluation For Admission / Continued Stay.</p> <p>_____ Original Signature - Record Custodian</p> <p>_____ Title</p> <p>_____ Facility Name and Address</p> <p>_____ Date</p> <p>NOTE: Only copies to be introduced as evidence need to be certified.</p>
--	---

Original: Medical Record
cc: Clerk of Superior Court
Where facility is located
Respondent's Attorney
State's Attorney

House Bill 95 Yes No If "Yes", Clerk of Court notified by phone on Date: _____ File # _____ Film # _____

Facility Name: _____

Facility Address: _____ COUNTY _____

IN THE MATTER OF:

Respondent's name: _____ Client Record Number: _____

Unit/ Building/ Ward (when applicable): _____

TO: Clerk of Superior Court of _____ County

This serves as official notice that an initial hearing, supplemental hearing, first rehearing, or subsequent rehearing needs to be scheduled for the above named respondent for the following reason:

- Inpatient Outpatient Combination Inpatient-Outpatient
 Substance Abuse treatment will be necessary beyond _____ (Commitment Expiration Date)
Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- A hearing is required to determine the appropriateness of the respondent's:
 Continued inpatient treatment Outpatient treatment Discharge
 Conditional release and the respondent was committed as a result of conduct resulting in his being charged with a violent crime including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding to trial
- The respondent has failed to comply or clearly refuses to comply with all or part of the prescribed Outpatient treatment. A report of reasonable efforts made to solicit the respondent's compliance is attached.
- The respondent is an outpatient substance abuse commitment and intends to move or has moved to another county within the state. Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- The respondent is currently under inpatient commitment but now meets the criteria for outpatient commitment. Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment (DMH 572-01).
- The respondent is a minor incompetent adult in a restrictive 24-hour facility as a hearing needs to be scheduled to determine whether the court concurs with the voluntary admission/continued stay. Treatment will be necessary beyond _____ (Expiration date). Attached is the Evaluation for Admission/Continued Stay (DMH 573-01). If initial hearing, please attach copy of Application for Admission.
- The respondent was transferred to the above named facility on _____ (date) from _____ (transferring facility) in _____ County prior to the initial judicial commitment hearing initial judicial determination (involuntary minors and voluntary incompetent adults).
- The respondent, who is under substance abuse commitment, will require treatment in a 24-hour facility beyond 45 consecutive days. The 45 days will expire on _____ (date). Attached is the Examination and Recommendation to Determine Necessity for Involuntary Commitment.

Clerk: Please issue Subpoena To Testify to respondent for hearing requested above.

DISTRIBUTION WHEN REQUEST TO RETURN IS ISSUED:

Original: Clerk of Superior Court where facility is located _____
Outpatient or Substance Abuse – Clerk of Superior Court _____ Signature & Title
Where commitment is supervised

CC: Medical Records
Respondent's Attorney, when applicable
State's Attorney, when applicable
* Respondant ** Petitioner

NOTE: If current status is:
- Inpatient Commitment – must be signed by Attending Physician
- Outpatient or Substance Abuse Commitment -- must be signed by Responsible Professional

NOTICE OF COMMITMENT CHANGE

Facility Name: _____ File #: _____
Facility Address: _____ (Physical location) Film #: _____

IN THE MATTER OF: Respondent's Name: _____
Client Record Number: _____
Unit/Building/Ward (When Applicable): _____
Date of Inpatient Outpatient Substance Abuse Commitment _____

TO: Clerk of Superior Court, _____ County

This is to certify that the commitment status of the above-named respondent has changed due to the following:

- The respondent is no longer in need of inpatient hospitalization and is unconditionally discharged on _____ (date).
- The respondent no longer meets the criteria for outpatient substance abuse commitment and is discharged on _____ (Date).
- The respondent is no longer in need of inpatient treatment and is conditionally released on _____ (date) to be followed by unconditional discharge on _____ (date).

Conditions of release are: _____

- The respondent escaped breached conditions of release on _____ (date); and is discharged from unauthorized absence on _____ (date).
- The respondent or legally responsible person signed a consent for voluntary treatment on _____ (date).
- The respondent was admitted as a voluntary minor and has turned 18 years of age. The respondent signed a consent for voluntary treatment on _____ (date).
- The respondent was admitted to a 24-hour facility on an involuntary basis on _____ (date). Therefore, outpatient commitment is terminated.
- The respondent has moved to another state or location of respondent is unknown so commitment is terminated on _____ (date).
- The respondent is no longer in need of inpatient treatment. The respondent is released from inpatient commitment and is committed by the court to outpatient treatment for _____ days on _____ (date). The respondent was discharged from the 24-hour facility on _____ (date).
- The respondent is on a split commitment and is no longer in need of inpatient treatment. The respondent is released from inpatient hospitalization and is committed to outpatient treatment for _____ days on _____ (date).
- The respondent was transferred to _____ in _____ County on _____ (date).
- The respondent expired on _____ (date).
- Other (Specify): _____

Signature/Title _____ **Date** _____

NOTE: If current status is Inpatient Commitment, signature must be that of Attending Physician.
If current status is Outpatient or Substance Abuse Commitment, signature must be that of Responsible Professional.

Original: Clerk of Superior Court where petition initiated _____ (date). (Specify: _____)
Copy: Clerk of Superior Court where facility located _____ (date).
Clerk of Superior Court where outpatient or substance abuse commitment supervised _____ (date).
(Specify: _____).
Medical Record
Respondent and State's Attorney _____ (date).
Designated outpatient treatment center or physician _____ (Date). (Specify _____)

DATE: _____ TO: _____ FROM: _____
(Sheriff/Law Enforcement Officer) (Facility) (Where Facility is Located)

Patient's name: _____ Also known as _____

Hospital Number: _____ SS#: _____

Last known home address: _____ Admit date: _____

Hospital Unit/Bldg/Ward _____

This is to notify you that the above named patient from _____ County ESCAPED on _____
(home county) BREACHED THE CONDITION OF HIS/HER RELEASE ON _____

- The patient is:
- Under involuntary commitment
 - following being charged with a violent crime and found not guilty by reason of insanity (NGRI) or incapable of proceeding (HB 95)
 - A competent adult voluntarily admitted and in my opinion is reasonable foreseeable that:
 - 1) he/she may cause physical harm to others or himself;
 - 2) he/she may cause damage to property
 - 3) he/she may commit a felony or a violent misdemeanor; or
 - 4) the health or safety of the client may be endangered unless he/she is immediately returned to the facility
 - A minor or incompetent adult voluntarily admitted
 - Admitted pending a judicial hearing
 - Under conditional release from the facility
 - Involuntarily committed or voluntarily admitted and under a **DETAINER** issued by _____

Patient was last seen: Date: _____ Time: _____ Wearing: _____

- Location:
- | | | | | |
|--|------------------------------------|--|--|--|
| <input type="checkbox"/> Activity Area | <input type="checkbox"/> Clinic | <input type="checkbox"/> Dining room | <input type="checkbox"/> Gym | <input type="checkbox"/> Work Activity |
| <input type="checkbox"/> Activity Trip | <input type="checkbox"/> Courtroom | <input type="checkbox"/> Elevator | <input type="checkbox"/> Hallway | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Courtyard | <input type="checkbox"/> Grill/Canteen | <input type="checkbox"/> Medical Transport | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Dayroom | <input type="checkbox"/> Grounds | <input type="checkbox"/> Stairway | |

The above named patient is to be taken into custody and returned to the above named facility pursuant to G.S. 122C-205.

PATIENT IDENTIFYING INFORMATION

Race _____ Sex _____ Place of birth (state) _____ Date of birth _____ Age _____ Height _____ Weight _____

Eye color _____ Hair color _____ Hair style _____ Skin tone _____

Scars/Marks/Tattoos _____ Facial features _____

Build _____ Gait _____ Other distinguishing features _____

Patient has vehicle at hospital yes no If yes, vehicle license number: _____ Vehicle lic state: _____

Type of vehicle: _____ Vehicle year: _____ Vehicle make: _____

Vehicle style: _____ Vehicle color: _____

Dangerous to self no yes (specify) _____

Dangerous to others: no yes (specify) _____

Avoids people no yes **Medical Conditions/Impairments:** _____ **Needs further treatment:** yes no

ADDITIONAL INFORMATION

Additional information that is reasonably necessary to assure the expeditious return of the client and protect the patient and/or the general public (including possible locations and contacts): _____

Signature of Authorizing Physician	Printed name	Date
------------------------------------	--------------	------

DISTRIBUTION WHEN REQUEST TO RETURN IS ISSUED:

- | | | |
|----------------|---|---|
| Nursing Staff: | HIM (original copy) | Official placing patient on detainer |
| | Initial examiner if involuntarily committed | Area program (if appropriate) |
| | Any law enforcement office notified | Next of kin/legally responsible party |
| | | Clerk of Superior Court in county of commitment |

Date: _____ Date of UA: _____ Facility: _____
Re: _____ Address: _____
(Patient)
Last known address: _____
Medical Record Number: _____ Unit/Bldg: _____

This is to notify you that the above named patient was returned to the above named facility
on _____ at _____ following his/her ESCAPE BREACH OF CONDITIONAL RELEASE.
(date) (time)

Patient returned via: self police _____ family other _____
(specify agency) (specify)

Location of patient when found: _____

Incident(s) that occurred to patient during elopement

- None/unknown Assault Drug/Alcohol use Rape Self-injurious behavior Suicide
 Suicide attempt Other _____

Severity of injury/damage to patient

- No treatment/injury Medical intervention required No property damage
 Unknown Hospitalization required Minimal property damage
 Minor first aide Death Substantial property damage

Incident(s) committed by patient during elopement

- Assault Homicide Rape Theft Breaking & Entering None/Unknown
 Other _____

Severity of injury/damage to victim (other than patient)

- No treatment/injury Medical intervention required No property damage
 Unknown Hospitalization required Minimal property damage
 Minor first aide Death Substantial property damage

Signature and Title of Responsible Professional

DISTRIBUTION: Any law enforcement office notified
HIM
Initial examiner if involuntarily committed
Area program (if appropriate)

Risk management coordinator
Official placing patient on detainer
Next of kin/legally responsible party
Clerk of Superior Court in county of commitment