

# STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice  
District Court Division

\_\_\_\_\_ County

## IN THE MATTER OF:

Name Of Respondent

## INVOLUNTARY COMMITMENT ORDER - MENTALLY ILL

Date Of Birth Of Respondent

Full Social Security Number Of Respondent

G.S. 122C-267, -268, -271, -276

## FINDINGS

The Court finds that:

1. The State ☐ was ☐ was not represented by counsel.
2. The respondent ☐ was ☐ was not represented by counsel.
3. The 24-hour facility ☐ was ☐ was not represented by counsel.

Based on the evidence presented, the Court

- ☐ 4. 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

- ☐ 5. by clear, cogent, and convincing evidence, finds these other facts:
- ☐ respondent was discharged before court date
  - ☐ respondent signed voluntary commitment before court date
  - ☐ special counsel stipulates there is sufficient evidence for commitment
  - ☐ facts supporting involuntary commitment:

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

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

**NOTE TO CLERK:** The clerk in the hearing county should enter this order into NICS, if appropriate, and forward the original order to the clerk in the originating county.

(Over)

**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 ☐ to 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 or 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.

**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. this matter be dismissed.
- ☐ 6. the respondent be discharged. Since the respondent was charged with a violent crime and previously 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

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

County

**INPATIENT COMMITMENT**

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

- ☐ \_\_\_\_\_ days. ☐ 90 days.
- ☐ 180 days. ☐ 1 year.

Name And Address Of 24-Hour Facility

**OUTPATIENT COMMITMENT**

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

- ☐ \_\_\_\_\_ days. ☐ 90 days. ☐ 180 days.

Name And Address Of Treatment Center/Physician

Date

Signature Of District Court Judge

Name Of District Court Judge (type or print)