STATE OF NORTH CAROLINA	File No.				
County	In The General Court Of Justice District Court Division				
IN THE MATTER OF					
Name Of Respondent           Date Of Birth Of Respondent         Full Social Security Number Of Respondent	INVOLUNTARY COMMITMENT ORDER - MENTAL ILLNESS				
	G.S. 122C-267, -268, -271, -276				
	FINDINGS				
The Court finds that:					
1. The State 🗌 was 🗌 was not represe	ented by counsel.				
2. The respondent was was not represe	ented by counsel.				
	ented by counsel.				
Based on the evidence presented, the Court					
<ul> <li>4. by clear, cogent, and convincing evidence, finds as facts all matters set out in the commitment examiner's report specified below, and the report is incorporated by reference as findings.</li> </ul>					
Date Of Last Commitment Examiner's Report Name Of Commitm					
<ul> <li>5. by clear, cogent, and convincing evidence, finds these</li> <li>respondent was discharged before court date</li> <li>respondent signed voluntary commitment before c</li> <li>special counsel stipulates there is sufficient evider</li> <li>facts supporting involuntary commitment:</li> </ul>	court date				
6. <i>(required for outpatient commitments)</i> finds the following, as to the availability of outpatient treatment from the treatment center/physician that has agreed to accept the respondent as a client:					
<ul> <li>7. finds that the respondent does not meet the criteria fo</li> <li>8. finds that this proceeding was begun after the respon- proceeding.</li> </ul>	or commitment. dent was charged with a violent crime and was found incapable of				
NOTE: Use AOC-SP-911M for involuntary commitment of defendation	nt 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 a copy of the original order to the clerk in the originating county.					
	(Over)				

		CONCL	USIONS		
Based on the above findings, the Court concludes that the respondent:					
1. has a mental	illness.				
2. does not have a mental illness.					
3. in addition to having a mental illness, also has an intellectual disability.					
4. is dangerous to self to others.					
5. is not dangerous to self or others.					
<ul> <li>6. (only for nondangerous individuals with mental illnesses) 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:</li> <li>the respondent's current mental status.</li> </ul>					
	e of the respondent's mental illness				
		UR	DER		
It is ORDERED that					
<ul> <li>1. the respondent be committed/recommitted to the inpatient 24-hour facility named below for the period specified.</li> <li>2. the respondent be committed/recommitted to outpatient commitment under the supervision and management of the</li> </ul>					
	cian named below for the period spe		nitment unde	r the supervision and management of the	
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.					
		•		s. named below not to exceed the specified period.	
				mitted to outpatient commitment under the supervision	
	/physician named below for the spe				
	ent be discharged and this matter di	smissed.			
5. this matter be	e dismissed.				
				violent crime and previously found incapable of	
proceeding, i	t is further ordered that the respond	lent be releas		stody of the law enforcement agency named below.	
			Name Of Law I	Enforcement Agency	
7. this matter be transferred to the county named below for further proceedings.					
			County		
11	NPATIENT COMMITMENT			OUTPATIENT COMMITMENT	
Committed/recomm	itted to inpatient facility for a period	not to	Committed	/recommitted to outpatient facility for a period not to	
exceed			exceed		
dayday	s. 🗌 90 days.		🗆	days. 🗌 90 days. 🗌 180 days.	
☐ 180 days. ☐ 1 year.					
Name And Address Of 24-Hour Facility			Name And Address Of Treatment Center/Physician		
(re			Name And Address Of Local Management Entity Or Managed Care Organization		
			(required if trea	ntment center/physician is monitoring and supervising this outpatient irsuant to a contract for services with an LME or MCO)	
				· · · · · · · · · · · · · · · · · · ·	
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Date	Signature Of District Court Judge		Name Of Distri	ct Court Judge (type or print)	
	<u> </u>				
				able means, and within 48 hours after the hearing, send a copy	
of this Order to the designated outpatient treatment center/physician, to the respondent or legally responsible person, and where listed above, the LME/MCO.					