

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

IN THE MATTER OF

Name Of Respondent

INVOLUNTARY COMMITMENT ORDER - MENTAL ILLNESS

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 commitment examiner's report specified below, and the report is incorporated by reference as findings.

Date Of Last Commitment Examiner's Report

Name Of Commitment Examiner

- ☐ 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. (required for outpatient commitments) 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:

- ☐ 7. finds that the respondent does not meet the criteria for commitment.
- ☐ 8. 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 a copy of the original order to the clerk in the originating county.

(Over)

CONCLUSIONS

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.
- ☐ 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:
- ☐ 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

Name And Address Of Local Management Entity Or Managed Care Organization
(required if treatment center/physician is monitoring and supervising this outpatient commitment pursuant to a contract for services with an LME or MCO)

Date

Signature Of District Court Judge

Name Of District Court Judge (type or print)

NOTE TO CLERK: By the most expeditious and reliable means, and within 48 hours after the hearing, send a copy of this Order to the designated inpatient or outpatient treatment center/physician, to the respondent or legally responsible person, and where listed above, the LME/MCO.