File No. STATE OF NORTH CAROLINA In The General Court Of Justice County **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 complied with the prescribed treatment. has not 2. The respondent does meet the criteria for outpatient commitment. does not substance abuse 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 necessary. is not 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

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