S	TATE OF NO	ORTH CAROL	INΔ		File No.				
County					Originating Co. File No.				
IN THE MATTER OF: Name And Current Mailing Address Of Petitioner			PETITION AND ORDER FOR REMOVAL OF DISABILITY PROHIBITING THE PURCHASE, POSSESSION OR TRANSFER OF A FIREARM G.S. 14-409.42						
				Name An	d 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 court 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 relevant inpatient and/or outpatient treatment facility and the district attorney in your current county of residence.									
		. L L L		TITION					
The petitioner named above hereby moves, pursuant to G.S. 14-409.42, 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. I have never been involuntarily committed. OR 4. The most recent judicial determination that I needed inpatient outpatient treatment was made in County, North Carolina. 5. I am not likely to act in a manner dangerous to public safety and granting the relief that I am seeking is not contrary to the public interest. 6. My most recent inpatient outpatient mental commitment expired on (date) 7. If applicable, previously, I filed a petition in district court for the removal of the mental commitment bar, 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. 14-409.42). 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 CONNIEDENTIAL. 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 the attorney who represented the State in the underlying case, or that attorney's successor. II. CERTIFICATE OF SERVICE: SERVICE ON DIRECTOR OF THE									
1	rtifu that a server f	INP	ATIENT/OUTPATIEN						
	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)								
			•		Ta:				
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						
		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:									
The petitioner is over the age of 18.									
•	is a resident of	County	<i>'</i> .						
		ermination that the petitioner		inpatient utpatient treatment was made					
in	· ·	ty, North Carolina.	_						
of fact on which which relief is so circumstances s 5. The petitioner 6. If the petitione passed since the	would not be contrary it bases its decision." G.S. 1-bught, the petitioner's mental ince the original determinations in the same and the same are same as most recent inpatient in the same are input in the same are input in the same are incompared in the same are i	to the public interest. (State red-4-409.42 also requires the court health and criminal history, the pon.) ent outpatient mental tion for removal of the mental	easons; G.S. 1- to consider the netitioner's repu commitment commitment	safety and granting the relief requested 4-409.42 requires the court to make "specific findings or circumstances regarding the firearms disabilities from utation, and changes in the petitioner's condition or sexpired on (date) Expired on (date) Expired on a finding of not guilty by reason of					
	8. The petitioner has never been involuntary committed.								
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 is not likely to act in a manner dangerous to public safety and granting the relief requested would not be contrary to the public interest. Therefore, the petitioner is entitled to the relief requested.									
2. The petitioner is likely to act in a manner dangerous to public safety and granting the relief requested would be contrary to the public interest. Therefore, the petitioner is not entitled to the relief requested.									
3. The petitioner has never been involuntarily committed.									
		VI. ORDER							
It is hereby ordered to	hat: (check one)								
1. The relief requested by the petitioner is granted. 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 requ	ested by the petitioner is	NOT granted. The record of t	he petitioner'	's involuntary commitment shall remain in NICS.					
Date	Name Of Judge (type or print)		Signature Of J	ludge					