

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Current Address Of Respondent

REQUEST FOR TRANSPORTATION ORDER
AND ORDER
(COMMITTED SUBSTANCE ABUSER
FAILS TO COMPLY WITH TREATMENT
OR IS DISCHARGED FROM 24-HOUR FACILITY)

G.S. 122C-290(b), -205.1(b)

Date Of Substance Abuse Commitment Order

Transport To (Name And Address Of Area Facility Or Physician)

Date Period Of Commitment Expires

NOTE: Use this form only when (1) the respondent has been committed as a substance abuser after a hearing in district court; (2) the respondent has either (a) failed to comply with all or part of prescribed outpatient treatment or (b) has been discharged from a 24-hour facility after escaping or breaching a condition of his/her release from the 24-hour facility, and 3) the respondent is to be taken to an area facility or physician for examination. DO NOT use this form in mental health cases. Mental health transportation orders are: Request For Transportation Order And Order (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment), "AOC-SP-220; "Notice Of Need For Transportation Order And Order (From One 24-Hour Facility To Another)," AOC-SP-222; "Request For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination)," AOC-SP-224.

REQUEST

The area facility or physician named below requests that the Clerk of Superior Court or Magistrate enter an order, pursuant to G.S. 122C-290(b), to take the Respondent named above into custody and to take the Respondent to the area facility or physician designated above for examination. In support of this request, the undersigned states:

- 1. A Substance Abuse Commitment Order was entered in this proceeding on the date shown above. The period of substance abuse commitment has not expired.
a. The area facility or physician responsible for management and supervision of the Respondent's commitment prescribed treatment on an outpatient basis; the Respondent failed to comply with all or part of the prescribed treatment after reasonable efforts to solicit the Respondent's compliance, in that (Summarize facts showing failure to comply and reasonable efforts to solicit compliance):
b. The Respondent was discharged from a 24-hour facility in accordance with G.S. 122C-205.1(b).

Date

Signature Of Physician Or Representative Of Area Facility

Physician

Name Of Physician Or Representative Of Area Facility

Representative Of Area Facility (Title)

ORDER

TO ANY LAW ENFORCEMENT OFFICER:

You are ORDERED to take the Respondent named above into custody, take the Respondent immediately to the area facility or physician designated above for examination, and to turn the Respondent over to the custody of that area facility or physician.

Date

Signature

Clerk Of Superior Court

Magistrate

Assistant Clerk Of Superior Court

NOTE: See Side Two for Officer's Return(s).

**NOTE:** The officer who first takes the Respondent into custody shall turn the Respondent over to the custody of the specified area facility or physician. The area facility of physician may release the Respondent or "have the Respondent taken" to a 24-hour facility. If the officer who took the Respondent into custody is also officer by whom the Respondent is taken to the 24 hour facility, that officer should complete the "Officer's Return" below by checking both Option #1 and Option #3. If a different officer takes the Respondent to the 24-hour facility, the first officer should complete the "Officer's Return" below by checking only Option #1. The second officer should complete the portion headed "For Use When A Different Officer Takes Respondent To 24-Hour Facility."

**OFFICER'S RETURN**

<i>Respondent Taken Into Custody Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Respondent Turned Over To Custody Of Area Facility Or Physician Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
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- 1. On the date and time shown above, I took the Respondent into custody. I took the Respondent to the specified area facility or physician and, on the date and time shown above, turned the Respondent over to the custody of that area facility or physician.
  
- 2. I DID NOT take the Respondent named above into custody because:
  
- 3. In addition to turning the Respondent over to the custody of the specified area facility or physician, I then, at the examiner's request, took the Respondent to the 24-hour facility named below and turned the Respondent over to the custody of that 24-hour facility.

<i>Respondent Taken From Area Facility Or Physician Date</i>	<i>Respondent Turned Over To 24-Hour Facility Date</i>
<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM

<i>Date Of Return</i>	<i>Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return</i>
<i>Name And Address Of 24-Hour Facility</i>	<i>Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)</i>
	<i>County Of Sheriff Or City Of Law Enforcement Officer</i>

**FOR USE WHEN A DIFFERENT OFFICER TAKES RESPONDENT TO 24-HOUR FACILITY**

At the examiner's request, I took the Respondent into custody at the specified area facility or physician and took the Respondent to the 24-hour facility named below and turned the Respondent over to the custody of that 24-hour facility.

<i>Respondent Taken From Area Facility Or Physician Date</i>	<i>Respondent Turned Over To 24-Hour Facility Date</i>
<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM

<i>Date Of Return</i>	<i>Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return</i>
<i>Name And Address Of 24-Hour Facility</i>	<i>Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)</i>
	<i>County Of Sheriff Or City Of Law Enforcement Officer</i>