STATE OF NORTH CAROLINA		File No.		
County	In The General Court Of Justice District Court Division			
IN THE MATTER OF	REQUEST	REQUEST FOR TRANSPORTATION ORDER		
Name And Current Address Of Respondent	AND ORDER (OUTPATIENT FAILS TO APPEAR FOR PREHEARING EXAMINATION)			
		G.S. 122C-263(f), -265(a)		
Date Of First Examination	Name Of Examining Cor	Name Of Examining Commitment Examiner		
Date Of Missed Appointment	Name And Address Of F	Proposed Outpatient Treatment Physician Or Center		
Time Of Missed Appointment AM PM				
NOTE: Use this form only when (1) a commitment examiner has conducted and has recommended outpatient treatment, (2) no hearing has yet been happointment for the respondent with a proposed outpatient treatment physicappointment, and (4) the respondent has failed to keep the appointment. Of (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment) One 24-Hour Facility To Another)," AOC-SP-222; "Request For Transportation Treatment Or Is Discharged From 24-Hour Facility)," AOC-SP-223.	neld in district court, (3) th ician or center and has p other transportation order 1," AOC-SP-220; "Notice (ne commitment examiner has scheduled an rovided the respondent with written notice of the sare: "Request For Transportation Order And Order Of Need For Transportation Order And Order (From		
RE	QUEST			
The proposed outpatient treatment physician or center named beld G.S. 122C-265(a), to take the respondent named above into custo center specified above for examination. In support of this request, 1. The commitment examiner named above has conducted the recommended outpatient treatment; no hearing has yet bee	dy and to take the res the undersigned notific e first examination pro	pondent to the outpatient treatment physician or es the Clerk that: vided for in G.S. 122C-263 and has		
The commitment examiner scheduled an appointment for the center named above for the date and time shown above, ar of the name, address and phone number of that physician of	nd provided the respon			
3. The examining commitment examiner is different from the p	roposed outpatient tre	atment physician or center.		
4. The respondent failed to appear for examination at the sche	eduled date and time.			
Date Signature Of Proposed Outpatient Treatment Physician Or I Name Of Proposed Outpatient Treatment Physician Or Center (type or print)	Signature Of Proposed Outpatient Treatment Physician Or Representative Of Center			
Name of Frequency Carpation, Frequency Property				
0	RDER			
TO ANY LAW ENFORCEMENT OFFICER:				
You are ORDERED to take the respondent named above into cust treatment physician or center specified above and turn the respondent				
Date Signature	Signature			
NOTE: See Side Two for Officer's Return.				

OFFICER'S RETURN						
Date And Time Respondent Taken Into Custody		Date And Time Respondent Turned Over To Physician Or Center				
Date	Time	AM PM	Date	Time AM PM		
			ustody. I took the respondent imme the custody of that physician or ce	ediately to the specified outpatient enter.		
☐ I DID NOT take the responde	ent named abov	ve into custody beca	use:			
Date Of Return		Signature Of Deputy Sheriff Or Law Enforce	cement Officer Making Return			
		Name Of Deputy Sheriff Or Law Enforcem	nent Officer Making Return (type or print)			
			County Of Sheriff Or City Of Law Enforcement	ment Officer		