STATE OF NORTH CAROLINA			File No.					
County			·	In The General Court Of Justice ☐ District ☐ Superior Court Division				
	IN THE MATTER OF							
Name And Address Of Respondent			NOTICE OF HEARING/REHEARING FOR INVOLUNTARY COMMITMENT					
Date Of Birth					G S 122C-26	64, -274, -276, -284, -292		
	NOTICE	TO THE RESPO	NDENT NAME	D ABOVE	0.0. 1220-20	74, -214, -210, -204, -232		
(Check only one)								
1. It has been commitment	alleged that you have a mental il t.	liness and are a pr	oper subject for in	voluntary	inpatient [	outpatient		
2. It has been	alleged that you are a substance	abuser and a prop	oer subject for inv	oluntary commit	tment.			
3. The physicial commitment	an now treating you has determir t.	ned that you are in	need of further ca	are and treatmer	nt beyond your	present period of		
found not gu	een committed after (a) being cha uilty by reason of insanity. The ph However, you may not be release	nysician now treatir	ng you has determ	nined that furthe		g or (b) being is lis not		
	held before a district court judge tted, released, or recommitted fo		nd place indicated	d below. At that I	hearing it will b	e determined if you		
	u will be allowed to present evid a right to be represented by an a							
	or an outpatient commitment, you int one for you. However, the cou							
Date Of Hearing			Place Of Hearing					
Time Of Hearing	AM [	PM						
		NOTICE TO	SHERIFF					
This Notice must	be served on the respondent at	least seventy-two (	72) hours before t	the hearing.				
Date	Signature			Deputy CSC	Assistant CSC	Clerk Of Superior Court		
	Original File	0 5 ""	Conv. Doonandant	Cany Attarnay				

		RETURN (	OF SERVICE						
I certify that this Notice	was received and served	on the respondent	as follows:						
Date Served	Time Served	AM PM	Name Of Responder	nt					
1. By delivering to the respondent named above a copy of this Notice.      2. By leaving a copy of this Notice at the respondent's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.									
Name Of Person With Whom C	opies Left								
Address Where Copies Delivere	ed Or Left								
Service Accepted By	Attorney For Respondent	t							
Signature			Date Accepted						
Respondent WAS No	OT served for the following	g reason:							
Date Received	Signature Of Deputy Sheriff Making Return								
Date Of Return			Name Of Deputy Sheri	ff Mak	king Return				
Name Of Sheriff			County Of Sheriff						
The clerk in the county hours before the hearing AOC-SP-300. If the respondence ounty in which the deferment of the clerk in the county before the hearing to the right to notice. If the respondence of the clerk in the county was initiated if not held hearing to the respondence of the respondence of the clerk in the county was initiated if not held hearing to the respondence of the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in the county was initiated if not held hearing to the respondence of the clerk in th	e examiner finds that the where the facility is locate in a 24-hour facility must o ent's counsel and the petiti ysician that will be respon	is located must densel and the petitic of guilty by reason a copy of the notice by by reason of instance of the compartment center or plant a violent crime and if respondent is a different in the mail oner, unless the posible for the commarks.	posit in the mail a pner, unless the per not insanity or has be to the chief distanity or incapable nitment for a per tin the mail a copy nysician and the pend found incapable substance abuse neld in a 24-hour that copy of this Not etitioner has waive interest.	copy seriot copy son y son y etitione of pre- er: facilitice bed hi	y of this Neer has wen charge court judge roceeding who has this Notice oner, unles proceeding by or the coy first-clas/her righ	Notice by first-classived his/her right d with a violent cle and the district d.  a mental illness by first-class mass the petitioner larg, see instruction clerk in the county ss mail at least 7	at to notice on form rime and been found attorney in the attorney in the at least 72 hours has waived his/her his immediately above where the petition 2 hours before the		
		ERK'S CERTIFIC							
	ed copies of this Notice by v (fill in only those appropriate		least 72 hours be	fore	the hearir	ng to the persons	whose name and		
Name And Address Of Petitione Name And Address Of Propose	r d Outpatient Treatment Center/Pi	hysician	Name And Address						
Date	Signature			De	eputy CSC	Assistant CSC	Clerk Of Superior Court		