STATE OF NORTH CARC	LINA			File No).			
0	In The General Court Of Justice District Court Division FINDINGS AND CUSTODY ORDER INVOLUNTARY COMMITMENT (PETITIONER APPEARS BEFORE MAGISTRATE OR CLERK)							
IN THE MATTER OF Name And Address Of Respondent								
Social Security No. Of Respondent	Date Of Bir	Date Of Birth		No. Of Respond		22C-252, -261, State	-263, -281, -	283
		I. FINI	UNGS					
The Court finds from the petition in the ab true and that the respondent probably: (Check all that apply) 1. has a mental illness and is dangeroud disability or deterioration that would In addition to probably having a new 2000 1000 2000 1000 1000 1000 1000 100	us to self or ot predictably re nental illness,	hers or has a sult in dange the responde	mental illnes	s and is in ne	ed of treatmen	it in order to pi	event furth	ier
see G.S. 122C-261(b) and (d) for spe		•						
			DY ORDER					
	e named responder a person at the responder to a consent the responder to a consent the responder to a capacitation of the responder to a capacitation of the responder a 24-hour facility, examination of the responder and the responder	uthorized by ITO THE CLEF ent is NOT a period in the original ent has a mer ling person's I ent has a mer lity designate on and treatment is a substate to be taken to a cility designate on and treatment is a mand treatment is a substate to a cility designate on and treatment is a substate to the taken to a cility designate on and treatment is a substate to a cility designate on and treatment is a substate of the taken to a cility designate on and treatment is a substate of the taken to a cility designate on and treatment is a substate of the taken to a cility designate of the taken to a cility designate on and treatment is a substate of the taken to a cility designate of the cility designate of the cility d	aw to conduct of SUPE	at the examination of the examin	ation. (A COPY IMMEDIATED ATTEMPT IMMEDIATED ATTEMP	of THE COMPY.) at, then you should be him/her. atient commitment of involunt	all take the ment, then ary clients ecommitmed tary clients commitmed tary clients	ent
		I. RETURN CUSTODY C						
Respondent WAS NOT taken into cust I certify that this Order was received ar Date Respondent Taken Into Custody Name Of Law Enforcement Officer (type or print)	ody for the fol	lowing reasor	n: aken into cus	stody as follov		AM P	M	

NOTE TO LAW ENFORCEMENT OFFICER: If respondent is not taken into custody within 24 hours after this Order is signed, check the appropriate box above and return to the Clerk of Superior Court immediately. If respondent is served and taken into custody, complete return of service on the reverse. When taking respondent into custody you must inform him or her that he or she is not under arrest and has not committed a crime, but is being transported to receive treatment and for his or her own safety and that of others.

	B. PATIENT DELIVERY TO	FIRST EXAMINATION SITE				
The respondent was presented to	an authorized commitment examir	ner as shown below:				
Date Presented	Time AM PM	Name Of Commitment Examiner (type or print)				
Name Of Examining Facility	I	County Of Examining Facility				
Name Of Law Enforcement Officer (type or p	print)	Signature Of Law Enforcement Officer				
Name Of Law Enforcement Agency		Badge No. Of Officer				
		NG AFTER FIRST EXAMINATION: VERED TO 24-HOUR FACILITY				
commitment, or meets the c	riteria for substance abuse commit	meet the commitment criteria, or meets the criteriand should be released pending a hearing only person and released respondent from cus	. I returned			
the criteria for substance ab		ental illness and meets the criteria for inpatient or d pending a district court hearing. I transported or observation and treatment.				
Name Of 24-Hour Facility		County Of 24-Hour Facility				
examiner recommended inp further examination, a comm	natient commitment and a 24-hour fa nitment examiner determined that the ient commitment. I returned the res	vision at the site of first examination because the acility was not immediately available or medicall ne respondent no longer meets inpatient commit pondent to his/her regular residence or the home	y appropriate. Upon tment criteria or			
Date Delivered	Time Delivered AM PM	Name Of Commitment Examiner (type or print)				
Name Of Examining Facility	1	County Of Examining Facility				
Name Of Law Enforcement Officer (type or p	print)	Signature Of Law Enforcement Officer				

NOTE TO LAW ENFORCEMENT OFFICER: Upon completing this section, immediately return this form and a copy of the commitment examiner's written report (Form No. DMH 5-72-01) to the Clerk of Superior Court of the county where the petition was filed and the custody order issued (See top of reverse side).