STATE OF NORTH CAROLINA					File No.			
County				In The General Court Of Justice District Court Division				
	IN THE MATTER	R OF						
Name And Address Of Respondent			FINDINGS AND CUSTODY ORDER INVOLUNTARY COMMITMENT (PETITIONER APPEARS BEFORE MAGISTRATE OR CLERK)					
		1				G.S. 122C-	1	63, -281, -283
Social Security No. Of I	Respondent	Date Of Bi	Date Of Birth		e No. Of Respondent		State	
			I. FINI	DINGS				
true and that the (Check all that appl 1. has a menta disability or In additio	rom the petition in the a respondent probably: (y) al illness and is danger deterioration that woul on to probably having a 122C-261(b) and (d) for sp	ous to self or o d predictably re mental illness,	thers or has a esult in dange the responde	mental illnes	s and is in need of tr	eatment in c	order to prev	ent further
2. is a substar	ice abuser and danger	ous to self or o	thers.					
			II. CUSTO	DY ORDER				
TO ANY LAW EI	NFORCEMENT OFFIC	ER:			·			
and take the resp EXAMINER'S FII → IF the commi- respondent h → IF the commi-	RS you to take the abc pondent for examination NDINGS SHALL BE TR tment examiner finds th ome or to a consenting tment examiner finds th a the respondent home	by a person a ANSMITTED the respond person's home at the respond	uthorized by I FO THE CLEF ent is NOT a e in the origina ent has a mer	aw to conduc RK OF SUPEF proper subjec ating county a ntal illness an	t the examination. (A RIOR COURT IMME t for involuntary com nd release him/her. d is a proper subject	COPY OF DIATELY.) mitment, the	THE COMM en you shall nt commitm	IITMENT take the
you shall tran and present t → IF the commi examiner mu	tment examiner finds the sport the respondent to the respondent for custo tment examiner finds the st recommend whether nsport the respondent	a 24-hour fac ody, examination at the respond the responden	ility designate on and treatme ent is a substa t be taken to a	d by the State ent pending a ance abuser a a 24-hour faci	e for the custody and district court hearing and subject to involu lity or released, and	treatment o g. ntary commi then you sh	f involuntary itment, the c all either rel	/ clients commitment ease
-	he respondent for custo	-	on and treatme	ent pending a	district court hearing			
Date	Time	AM Signature PM					Deputy CSC Assistant CSC	CSC Magistrate
This Order is vali time of issuance.	d throughout the State.	If the respond	ent is taken in	to custody, th	is Order is valid for s	seven (7) da	ys from the	date and

IN THE MATTER OF		County File No.					
Name Of Respondent	Date And Time Of Issuance	Of Custody Order	NOTE: Use this page for the return of a Findings And Custody Order Involuntary Commitmer				
		OF SERVICE CERTIFICATION					
Respondent WAS NOT taken into	custody for the following reaso	n:					
I certify that this Order was receive	d and respondent served and	taken into custody as	follows:				
Date Respondent Taken Into Custody		Time	AM PM				
Name Of Law Enforcement Officer (type or print)		Signature Of Law Enforcement Officer					
Name Of Law Enforcement Agency		Badge No. Of Officer					
box above and return to the Clerk of Supe	rior Court immediately. If responde im or her that he or she is not und	ent is served and taken i	hours after this Order is signed, check the appropriat nto custody, complete return of service. When taking mmitted a crime, but is being transported to receive				
	<b>B. PATIENT DELIVERY TO</b>	FIRST EXAMINAT	ION SITE				
The respondent was presented to an		-					
Date Presented Time	AM PM	Name Of Commitment Examiner (type or print)					
Name Of Examining Facility		County Of Examining Facility					
Name Of Law Enforcement Officer (type or print)		Signature Of Law Enforcement Officer					
Name Of Law Enforcement Agency		Badge No. Of Officer					
	USE WHEN TRANSPORT						
	a for substance abuse commit	tment and should be i	nt criteria, or meets the criteria for outpatient released pending a hearing. I returned eased respondent from custody.				
	commitment and should be he	ld pending a district o	ts the criteria for inpatient commitment, or meet court hearing. I transported and <u>placed the</u> reatment.				
Name Of 24-Hour Facility		County Of 24-Hour Facility					
examiner recommended inpatien further examination, a commitme	nt commitment and a 24-hour t ent examiner determined that t commitment. I returned the res	facility was not immed the respondent no lor	rst examination because the first commitment diately available or medically appropriate. Upon ger meets inpatient commitment criteria or gular residence or the home of a consenting				
Date Delivered Time	e Delivered	Name Of Commitment Examiner (type or print)					
Name Of Examining Facility		County Of Examining Facility					
Name Of Law Enforcement Officer (type or print)		Signature Of Law Enforcement Officer					
Name Of Law Enforcement Agency		Badge No. Of Officer					
NOTE TO LAW ENFORCEMENT OF written report (Form No. DMH 5-72-19) to			this form and a copy of the commitment examiner's n was filed and the custody order issued.				