

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF

Name And Address Of Respondent

**FINDINGS AND CUSTODY ORDER
INVOLUNTARY COMMITMENT
(PETITIONER IS CLINICIAN WHO HAS EXAMINED RESPONDENT)**

G.S. 122C-252, -261, -263, -281, -283

Social Security No. Of Respondent

Date Of Birth

Driver's License No. Of Respondent

State

I. FINDINGS

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent probably:

(Check all that apply)

1. has a mental illness and is dangerous to self or others.
 In addition to probably having a mental illness, the respondent also probably has an intellectual disability. *(If this finding is made, see G.S. 122C-261(b) and (d) for special instructions.)*
2. is a substance abuser and dangerous to self or others.

II. CUSTODY ORDER**TO ANY LAW ENFORCEMENT OFFICER:**

The Court ORDERS you to take the above named respondent into custody **WITHIN 24 HOURS AFTER THIS ORDER IS SIGNED** and transport the respondent directly to a 24-hour facility designated by the State for the custody and treatment of involuntary clients and present the respondent for custody, examination and treatment pending a district court hearing.

Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC	<input type="checkbox"/> CSC <input type="checkbox"/> Magistrate
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This Order is valid throughout the State. If the respondent is taken into custody, this Order is valid for seven (7) days from the date and time of issuance.

**III. RETURN OF SERVICE
A. CUSTODY CERTIFICATION**

Respondent WAS NOT taken into custody for the following reason:

I certify that this Order was received and respondent served and taken into custody as follows:

Date Respondent Taken Into Custody	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
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 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.*

Original-File Copy-24-Hour Facility Copy-Special Counsel Copy-Attorney General
(Over)

B. FOR USE WHEN 24-HOUR FACILITY NOT IMMEDIATELY AVAILABLE OR MEDICALLY APPROPRIATE

A 24-hour facility is not immediately available or medically appropriate. The respondent is being temporarily detained under appropriate supervision at the facility named below.

Date	Time <input type="checkbox"/> AM <input type="checkbox"/> 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

C. FOR USE WHEN RESPONDENT RELEASED BEFORE TRANSPORT TO 24-HOUR FACILITY

Respondent was temporarily detained under appropriate supervision at the site of first examination because the first commitment examiner (petitioning clinician) recommended inpatient commitment and a 24-hour facility was not immediately available or medically appropriate. Upon further examination, a commitment examiner determined that the respondent no longer meets the inpatient commitment criteria or meets the criteria for outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person and released respondent from custody.

Date Delivered	Time Delivered <input type="checkbox"/> AM <input type="checkbox"/> 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

NOTE TO LAW ENFORCEMENT OFFICER: Upon completing this section, immediately return this form and 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).

D. PATIENT DELIVERY TO 24-HOUR FACILITY

I transported the respondent and placed him/her in the custody of the 24-hour facility named below.

Date Delivered	Time Delivered <input type="checkbox"/> AM <input type="checkbox"/> PM
Name Of 24-Hour Facility	County Of 24-Hour 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 OFFICER: Upon completing this section, immediately return this form to the Clerk of Superior Court of the county where the petition was filed and the custody order issued (See top of reverse side).