

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF

**INVOLUNTARY COMMITMENT ORDER -
SUBSTANCE ABUSE**

Name Of Respondent

Date Of Birth Of Respondent Full Social Security Number Of Respondent

G.S. 122C-287

FINDINGS

The Court finds that:

- 1. The State was was not represented by counsel.
- 2. The respondent was was not represented by counsel.
- 3. The 24-hour facility was was not represented by counsel.

Based on the evidence presented, the Court

- 4. by clear, cogent, and convincing evidence, finds as facts all matters set out in the physician's/eligible psychologist's/qualified professional's report, specified below, and the report is incorporated by reference as findings.

Date Of Last Examiner's Report	Name Of Examiner
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- 5. by clear, cogent, and convincing evidence, finds these other facts:

- 6. (required for outpatient commitments) finds the following, as to the availability of outpatient treatment from the treatment center/physician that has agreed to accept the respondent as a client:

- 7. finds that the respondent does not meet the criteria for commitment.

CONCLUSIONS

Based on the above findings, the Court concludes that the respondent:

- 1. is a substance abuser.
- 2. is not a substance abuser.
- 3. is dangerous to self to others.
- 4. is not dangerous to self or others.

(See Order on reverse)

ORDER

It is ORDERED that:

- 1. the respondent be committed/recommitted to the area facility/physician named below for the period specified.
 - The respondent is now being held at the 24-hour facility listed below and the respondent is ordered returned to that facility to be held until the area facility/physician to whom the respondent is committed authorizes release.
 - It is ordered that venue be transferred to _____ County.
- 2. the respondent be discharged and this matter dismissed.

Committed/recommitted to the area facility/physician for a period not to exceed

- _____ days. 180 days. 1 year.

Name And Address Of 24-Hour Facility

Name And Address Of Area Facility/Physician

Name And Address Of Local Management Entity Or Managed Care Organization (required if treatment center/physician is monitoring and supervising this outpatient commitment pursuant to a contract for services with an LME or MCO)

Date

Signature Of District Court Judge

Name Of District Court Judge (type or print)

NOTES TO CLERK: *If the respondent is involuntarily committed for the treatment of alcoholism or drug addiction, then in all cases send a certified copy of this Order to the Division of Motor Vehicles, 3112 Mail Service Center, Raleigh, NC 27699-3112. G.S. 20-17.1(b).*

If outpatient commitment is ordered, by the most expeditious and reliable means, and within 48 hours after the hearing, send a copy of this Order to the designated outpatient treatment center/physician, to the respondent or legally responsible person, and where listed above, the LME/MCO.

The Clerk in the hearing county should enter this order into NICS, if appropriate, and forward a copy of the original order to the Clerk in the originating county.

CERTIFICATION

I certify that this Order, Involuntary Commitment Proceedings - Substance Abuse is a true and complete copy of the original on file in this case.

Date

Name (type or print)

Signature

- Deputy CSC Asst. CSC
 Clerk Of Superior Court

SEAL