

# STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice  
District Court Division

\_\_\_\_\_ County

## IN THE MATTER OF

Name Of Respondent

## INVOLUNTARY COMMITMENT ORDER - SUBSTANCE ABUSE

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

- ☐ 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)

	<b>ORDER</b>	
--	--------------	--

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 <input type="checkbox"/> _____ days. <input type="checkbox"/> 180 days. <input type="checkbox"/> 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 <i>(required if treatment center/physician is monitoring and supervising this outpatient commitment pursuant to a contract for services with an LME or MCO)</i>
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).*

*By the most expeditious and reliable means, and within 48 hours after the hearing, send a copy of this Order to the designated area facility or physician responsible for the management and supervision of the respondent's commitment and treatment, 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.*

	<b>CERTIFICATION</b>	
--	----------------------	--

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	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Clerk Of Superior Court	<b>SEAL</b>
------	----------------------	-----------	--	-------------