

# STATE OF NORTH CAROLINA

File No.

\_\_\_\_ County

In The General Court Of Justice  
☐ District ☐ Superior Court Division**IN THE MATTER OF**

Name And Address Of Respondent

**INVOLUNTARY COMMITMENT CUSTODY ORDER  
DEFENDANT FOUND INCAPABLE TO PROCEED  
AND CHARGES DISMISSED**

Date Of Birth\*

Race\*

Sex\*

\*Date of birth, race, and sex are collected so that this information may be transmitted to NICS in the event of a qualifying finding under G.S. 14-409.43(a)(5).

G.S. 15A-1003, -1004; 122C-261, -262, -263

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

☐ No ☐ Yes: (explain)**FINDINGS**

The respondent has been charged in File No. \_\_\_\_\_ with a criminal offense in the above named county and has been found incapable of proceeding to trial under G.S. 15A-1002. The Court considered the opinion of \_\_\_\_\_ (name of forensic evaluator) in the report dated \_\_\_\_\_ (list date of report) as evidence of incapacity to proceed. A copy of the evaluator's report is attached.

Upon motion of the district attorney, and based on the evidence presented, the Court finds that there are reasonable grounds to believe that the respondent probably has a mental illness and is either dangerous to self or others or in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness in that (insert appropriate findings)

In addition, the Court finds that

☐ 1. the respondent probably has an intellectual disability, in that (insert appropriate findings)☐ 2. the respondent was charged with a violent crime in violation of G.S. \_\_\_\_\_, in that (insert appropriate findings)

3. the criminal charges against the respondent will be dismissed ☐ without leave ☐ without prejudice pursuant to G.S. 15A-1008 based upon the respondent's incapacity to proceed.

**ORDER****To The Sheriff Of \_\_\_\_\_ County:**

1. The Court ORDERS you to take the above named respondent into custody and transport the respondent:

- ☐ a. to a local person authorized by law to conduct an examination, for examination. (Use if respondent was not charged with a violent crime.)  
☐ b. directly to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing.  
(Use if respondent was charged with a violent crime.)

2. The Court further ORDERS that you deliver a copy of the forensic evaluation report referenced in the Findings above, by the forensic evaluator named above, to the 24-hour facility named below.

**To The Director Of The 24-Hour Facility Named Below:**

The Court ORDERS you to deliver a copy of the forensic evaluation report referenced above to the Assistant Attorney General and the Special Counsel assigned to the facility and that report is ordered released to them.

**Notice To Hospital, Institution, 24-Hour Facility:**

Pursuant to G.S. 122C-278, you must examine the defendant-respondent to determine whether he/she has gained the capacity to proceed to trial prior to releasing him/her from custody. A report of the examination must be provided to the court pursuant to G.S. 15A-1002.

Name And Address Of 24-Hour Facility

Date

Signature Of Judge

Or Following Facility Designated By Area Authority:

Name Of Judge (type or print)

**NOTE:** Use AOC-SP-304A (for offenses committed on or before Nov. 30, 2013) or AOC-SP-304B (for offenses committed on or after Dec. 1, 2013) if defendant was found incapable to proceed and the charges against the defendant were **not** dismissed. Use AOC-SP-910 for involuntary commitment if defendant found not guilty by reason of insanity.

(Over)

	RETURN OF SERVICE	
--	-------------------	--

<input type="checkbox"/> I certify that this Order was received and served as follows:			
Date Respondent Taken Into Custody		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM

A. FOR USE WHEN RESPONDENT WAS NOT CHARGED WITH VIOLENT CRIME
---

<input type="checkbox"/> 1. The respondent was presented to an authorized examiner locally available as shown below.			
<input type="checkbox"/> 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by an authorized examiner locally available.			
Date Presented	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Examiner
Name Of Local Facility			

<input type="checkbox"/> 1. Upon examination, the examiner named above found that the respondent did meet the criteria for outpatient commitment. I returned the respondent to his/her regular residence or to the home of a consenting person.			
<input type="checkbox"/> 2. Upon examination, the examiner named above found that the respondent did meet the criteria for inpatient commitment.			
<input type="checkbox"/> I transported the respondent and placed the respondent in the temporary custody of the 24-hour facility named below for observation and treatment.			
<input type="checkbox"/> I placed the respondent in the custody of the agency named below for transportation to the 24-hour facility.			
<input type="checkbox"/> 3. Upon examination, the examiner named above found that the respondent did not meet the criteria for inpatient or outpatient commitment.			
<input type="checkbox"/> 4. The examiner's written statement <input type="checkbox"/> is attached. <input type="checkbox"/> will be forwarded.			
Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM <input type="checkbox"/> PM Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Official	

B. FOR USE WHEN RESPONDENT WAS CHARGED WITH VIOLENT CRIME
---

<input type="checkbox"/> I transported the respondent directly to and placed him/her in the temporary custody of the facility named below.			
Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM <input type="checkbox"/> PM Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Official	

C. FOR USE WHEN ANOTHER AGENCY TRANSPORTS THE RESPONDENT
--

<input type="checkbox"/> I took custody of the respondent from the officer named above, transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.			
Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM <input type="checkbox"/> PM Date Of Return
Name Of Transporting Agency		Signature And Rank Of Law Enforcement Official	

D. FOR USE WHEN STATE FACILITY TRANSFERS WITHOUT ADMISSION
--

<input type="checkbox"/> Pursuant to G.S. 122C-261(f), I took custody of the respondent from the State 24-hour facility named above, where he/she was not admitted, and transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.			
Name Of Facility To Which Transferred	Date Delivered	Time Delivered	<input type="checkbox"/> AM <input type="checkbox"/> PM Date Of Return
Name Of Transporting Agency		Signature Of Law Enforcement Or State Facility Official	

CERTIFICATION
---------------

I certify that this Involuntary Commitment Custody Order Defendant Found Incapable To Proceed 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
			SEAL