STATE OF NORTH CAROLINA

Name And Address Of Respondent



_ County

NOTE: This form should be used in a county that has an Administrative Order that grants IVC file access. Form AOC-SP-904B should be used in a county that does not have an Administrative Order that grants IVC file access.

IN THE MATTER OF

OUTPATIENT COMMITMENT
ORDER OF ASSIGNMENT OR
DENIAL OF COUNSEL
(County With Administrative
Order Granting IVC File Access)

In The General Court Of Justice

District Court Division

G.S. 122C-267(d)

		FINI	DINGS			
From the petition heard in this matter, it appears to the Court that the respondent named above is party to a proceeding listed in G.S. 122C-267.						
And from the affirmation of the applicant, his/her guardian or family member, and from inquiry made by the Court, which is documented in the record, it is determined that the respondent is not represented by counsel and:						
is not financially able to provide the necessary expenses of legal counsel.						
is financially able to provide the necessary expenses of legal counsel.						
Further, the Court determines that:						
legal or factual issues to be raised in this matter are of such complexity that the assistance of counsel is necessary for adequate presentation of the merits.						
respondent is unable to speak for himself/herself and needs counsel appointed to represent him/her.						
respondent is not required to be represented by counsel under G.S. 122C-267(d).						
		OF	RDER			
It is ORDERED that:						
 the respondent is entitled to the services of court-appointed counsel, and that he/she shall be represented by the attorney named below. the public defender in this judicial district. 						
the hearing in this matter is continued until the date, time and location set out below. (Hearing must be held within 5 days of this Order.)						
the respondent is not entitled to the services of court-appointed counsel and this petition is denied.						
Other:						
Date Of Hearing	Time AM PM	Location Of Hearing	1			
Name And Address Of Attorney	(if applicable)		Date			
			Name Of Judicial Official (type or print)			
			District Court Judge Assistant CSC Clerk Of Superior Court			
Telephone No.			Signature Of J	udicial Official		