STATE OF NORTI	H CAROLINA	File No.					
	County	In	In The General Court Of Justice District Court Division				
IN THE	E MATTER OF						
Name And Address Of Respondent	, (						
		PETITION AND CUSTODY ORDER FOR SPECIAL EMERGENCY SUBSTANCE ABUSE					
Drivers License No., If Known	State	INVOLUNT	ARY COMMITMENT				
Date Of Birth Of Respondent			G.S. 122C-282				
involuntary commitment, allegabuser who is dangerous to h	ge that the respondent is a resident nimself/herself or others. I have take /she is violent and requires restraint	of or can be found in the above renter that the respondent into custody are	ne respondent is a proper subject for named county, and is a substance and brought the respondent immediately t from obtaining a medical examination				
The factual basis for these al	legations is as follows:						
Name And Address Of Nearest Relativ	e Or Guardian (including zip code)	Name And Address Of Other Person	n Who May Testify To Facts (including zip code)				
Home Telephone No.	Business Telephone No.	Home Telephone No.	Business Telephone No.				
I request the Court to authorize pending a district court hearing		ent to a 24-hour facility for tempo	prary custody, observation and treatment				
SWORN/AFFIRMED AND	SUBSCRIBED TO BEFORE M	Signature Of Petitioner-Officer					
Date		Name And Address Of Petitioner-Of	ficer (including zip code) (type or print)				
Signature							
Deputy CSC Assis	tant CSC Clerk Of Superior Co	urt					

	- FINID	NOO				
	FIND	NGS				
The Court $\  \  \  \  \  \  \  \  \  \  \  \  \ $					ged in the	petition are true and
The Court further finds by clear, cogent, and convincing restraint, and delay in taking the respondent to a persor life or property.						t violent and requires ation, would endanger
	ORE	ER				
☐ The petition is denied and the respondent is order	ered released	from custo	dy.			
TO THE ABOVE NAMED PETITIONING OFFICER: The Court orders you to take the named respondent below, for temporary custody, examination and treating					ly to the 2	4-hour facility named
Name And Address Of 24-Hour Facility For Substance Abuser		Date			Time	АМРМ
		Signature				
		Deputy CS	C	Assistant CSC Clerk Of Superior Coun		
	SERVICE	<u> </u>				
☐ I certify that this Order was received and served as	follows:					
Date Respondent Taken Into Custody	1011011101	Time				
Date Respondent Taken Into Custody		Time		AM	PM	
☐ I transported the respondent directly to and placed h	nim/her in the	temporary c	ustody	of the facility na	med belo	w.
Name Of 24-Hour Facility For Substance Abuser		Date Order Re	ceived		Date Of Re	turn
Date Delivered	Signature Of Law Enforcement Officer					
Time AM PM	Name Of Transporting Agency					
PETITIONER'S						
I voluntarily waive my right to notice of all hearings and respondent's commitment period, or discharge the resp					esponden	t or extend the
Signature Of Witness		Date				
		Signature Of Petitioner-Officer				