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The Magistrate's Role in Involuntary Commitment

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What is Involuntary Civil Commitment?

Involuntary civil commitment is the process that the state, through its courts, uses to order a person who meets certain statutory criteria to obtain mental health treatment. The person ordered to receive treatment is called "the respondent." Civil commitment is involuntary because the respondent is ordered to submit to mental health treatment without his or her consent.

When a respondent is involuntarily committed, the state has substituted its judgment about what is best for the respondent for the respondent's own judgment. This substituted judgment is a significant intrusion on the respondent's right to liberty, as is the involuntary commitment itself. Despite its intrusiveness, the commitment process before 1973 contained very few safeguards to assure that the respondent was not arbitrarily deprived of freedom. Procedural due process was lacking insofar as a person could be committed for twenty days, without notice or a hearing, if a physician certified that the person was mentally ill or inebriate and dangerous to self or others.[1] Substantive due process was lacking in that a respondent could be committed for up to 180 days if, after an informal hearing, the clerk of court found that he or she was mentally ill or inebriate. The respondent did not need to be dangerous to self or others to be committed.[2] In 1973 the process was changed so that no respondent could be taken into custody without a hearing in which a magistrate found that the respondent was either mentally ill or "inebriate" (later changed to

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1. N.C. G.S. § 122-59 (1971).
2. N.C. G.S. § 122-63 (1971).

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"substance abuser") and dangerous to self or others.[3] In 1975 the United States Supreme Court held that a finding of mental illness alone could not justify involuntary commitment. The state must show some dangerousness. "A state cannot constitutionally confine without more a nondangerous individual who is capable of surviving safely in freedom by himself or with the help of a willing and responsible family members or friends."[4]

Parts six, seven and eight of Article 5, Chapter 122C of the North Carolina General Statutes establish the procedures for involuntary commitment. A brief overview of these procedures is set out below.

Description of Commitment Process

The statutory procedure for an involuntary commitment involves some or all of the following stages:

The Petition for Commitment: A person who has knowledge of someone he or she believes needs mental health or substance abuse treatment petitions the magistrate to begin the involuntary commitment process. [5] (Petitions may also be presented to the clerk of superior court. Although this bulletin will refer to magistrates only, the same law and procedure applies if the petition is presented to a clerk.) This petition is an affidavit setting out facts intended to show that the respondent meets the statutory criteria for issuing an order (called a custody order) to take the respondent into custody for examination by a physician or eligible psychologist.

Review of the Petition: The magistrate reviews the petition to determine whether reasonable grounds exist to find that the respondent meets the criteria for a custody order.[6] If the magistrate does not find reasonable grounds to believe that the respondent meets the criteria, the magistrate must decline to issue the order.

Custody Order: If the magistrate does find reasonable grounds to conclude that the respondent meets the criteria for a custody order, the magistrate must issue an order to a law enforcement officer to take the respondent into custody and transport him or her to a local physician or psychologist for an examination.[7]

Examinations: A local physician or eligible psychologist[8] examines the respondent and if the examiner finds that the respondent does not meet the criteria for commitment, the respondent is released and the process of involuntary commitment ends.[9] If, however, the examiner finds that the respondent meets the commitment criteria, the examiner must recommend outpatient,[10] inpatient,[11] or substance abuse commitment.[12] If outpatient commitment is recommended, the respondent will then be transported to his or her residence (or the residence of a consenting individual) and released pending a district court hearing.[13] If the examiner recommends inpatient commitment, the respondent must be transported directly to a designated 24-hour facility for a second examination.[14] This examiner has the same options as the first examiner: if he or she finds that the respondent meets none of the commitment criteria, the respondent will be released; if the

3. N.C. G.S. §§ 122-58.1, -58.3 (1973). See In re Hayes, 18 N.C. App. 560, 197 S.E.2d 582 (1973) in which the court held the former statutory procedure unconstitutional.

4. O'Connor v. Donaldson, 422 U.S. 563, 576, 95 S.Ct. 2486, 2494, 45 L.Ed.2d 396, 407 (1975).

5. G.S. 122C-261(a), -281(a).

6. G.S. 122C-261(b), -281(b).

7. Id.

8. Eligible psychologist means a licensed psychologist who holds permanent licensure and certification as a health services provider psychologist issued by the North Carolina Psychology Board. G.S. 122C-3(13d).

9. G.S. 122C-263(d)(3), -283(d)(2).

10. Outpatient commitment means treatment in an outpatient setting and may include medication, individual or group therapy, day or partial day programming activities, services and training including educational and vocational activities, supervision or living arrangements, and any other services prescribed either to alleviate the individual's illness or disability, maintain semi-independent functioning, or to prevent further deterioration that may reasonably be predicted to result in the need for inpatient commitment to a 24-hour facility. G.S. 122C-3(27).

11. Inpatient commitment involves holding the respondent in the custody of a facility the state has designated "24-hour" facilities. A "24-hour facility" is one whose primary purpose is to provide services for the care and treatment of persons who are mentally ill or substance abusers and provides a structured living environment and services for a period of 24 consecutive hours or more. G.S. 122C-3(14)g. Such facilities include state operated psychiatric hospitals, public and private psychiatric and substance abuse hospitals, and general hospitals with inpatient psychiatric or substance abuse services.

12. G.S. 122C-283(d). Substance abuse commitment may result in either outpatient or inpatient treatment.

13. G.S. 122C-263(d)(1), 122C-283(d)(1).

14. G.S. 122C-263(d)(2), 122C-283(d)(1). See supra note 11 for a definition of 24-hour facility.

respondent meets the criteria for outpatient commitment, the respondent will be released pending a district court hearing; if the respondent meets the inpatient commitment criteria, he or she will be held at the hospital pending a hearing before the district court.[15]

District Court Hearing: A respondent who is recommended for either outpatient or inpatient commitment is entitled to a hearing in district court. This hearing must occur within 10 days of the date the respondent is taken into custody by order of the magistrate.[16] At the hearing, if the court is persuaded by clear, cogent and convincing evidence that the respondent meets the commitment criteria, it will order involuntary commitment.[17]

The magistrate's role in the involuntary commitment process is a small but important one. Magistrates decide whether to issue orders to take respondents into custody for examination. Magistrates do not actually commit anyone; district court judges determine whether to commit. The role of the magistrate as an independent and neutral judicial official determining whether to initiate the process for involuntary commitment is a safeguard to provide due process to a person before depriving that person of liberty as required by the United States Constitution.[18]

The rest of this bulletin will focus on the magistrate's role in the process that potentially leads to involuntary commitment.

Criteria For Issuing A Custody Order

When a person (called the petitioner) appears before a magistrate to initiate the process of involuntary commitment, the magistrate must determine whether there are reasonable grounds to believe that the respondent meets the statutory criteria for issuing a custody order. Reasonable grounds exist when, taking into consideration all the relevant information, a reasonable person would conclude that there is a fair likelihood that the respondent meets the criteria for a custody order. The "reasonable grounds" standard is synonymous with the probable cause standard that magistrates use in issuing warrants.[19]

There are three situations in which a magistrate can issue a custody order:

1. The respondent is mentally ill and dangerous to self or others.
2. The respondent is mentally ill and needs court-ordered treatment to prevent further disability or deterioration that would predictably lead to dangerousness.
3. The respondent is a substance abuser and dangerous to self or others.[20]

The first standard, mentally ill and dangerous, is the most complicated of the standards.

Mentally Ill and Dangerous to Self or Others

Under this standard the magistrate must draw two conclusions from the facts presented before issuing a custody order: first, that the respondent is probably mentally ill; and next, that the respondent is probably dangerous to self or dangerous to others.[21]

Mentally Ill

An adult respondent is mentally ill when his or her capacity to use self-control, judgment, and discretion in the conduct of his or her affairs and social relations has been so reduced by an illness that it becomes necessary or advisable for the respondent to be under treatment, care, supervision, guidance, or control.[22] A minor respondent is mentally ill when he or she has a mental condition, other than mental retardation alone, that so impairs his or her capacity to exercise age adequate self-control or judgment in the conduct of activities and social relationships that he or she needs treatment.[23] In both cases, the important features of mental illness are: (1) an illness (2) that impairs judgment and self-control and (3) makes treatment advisable. This is a legal standard, not a medical standard, and therefore does not require that the respondent have been diagnosed with a recognized mental illness by a physician or psychologist. Rather,

15. G.S. 122C-266(a), 122C-285(a).

16. G.S. 122C-267(a), 268(a), -286(a).

17. G.S. 122C-267(h) (outpatient commitment), -268(j) (inpatient commitment); 122C-286(h) (substance abuse commitment).

18. See In re Reed, 39 N.C. App. 227, 249 S.E.2d 864 (1978).

19. Id. at 229, 249 S.E.2d at 866.

20. A summary of the standards for involuntary commitment is found at Appendix I at the end of this bulletin.

21. G.S. 122C-261(b).

22. G.S. 122C-3(21)(i).

23. G.S. 122C-3(21)(ii).

the magistrate must listen for facts that show that the respondent needs treatment because of a mental condition that is impairing his or her ability to make judgments or exercise self-control.

In determining whether there are reasonable grounds to find that the respondent is mentally ill, a magistrate should look for conduct that is on the extreme ends of behaviors. Of course every person can, at times, engage in behavior that might be called extreme: a person can be so hostile that he slams the door in someone's face or so agitated that she drives off from the store with the grocery bags on top of her car. But in a respondent who is mentally ill, this behavior should go one step further: hostility may be taken to the point of attacking someone or anxiety may be manifested by a complete inability to carry on with the other functions of daily life. Also the extreme behavior is continuing rather than a one-time occurrence. The magistrate must examine the information provided about the respondent's behavior, movements, speech, motions and thoughts. For example, is the respondent seeing things that are not really there? Is the respondent in constant motion or is he totally quiet and apathetic? Appendix II at the end of this bulletin gives examples of the kinds of extreme behaviors that might indicate mental illness.

If a magistrate determines that the respondent is probably mentally ill, the next step is to determine whether the respondent is probably dangerous to self or others.

Dangerous to Self

A petitioner can show that the respondent is dangerous to self in three different ways: Respondent is unable to care for himself or herself, is suicidal, or has engaged in self-mutilation.

Respondent is unable to care for self

The first way of proving dangerousness is by showing that, within the relevant past, the respondent has been unable to care for himself or herself and as a result is likely to suffer serious physical debilitation in the near future if treatment is not given.[24] Magistrates should note that although the appellate cases cited in this bulletin are instructive, they are based on evidence presented at the district court hearing where the standard of proof—clear, cogent, and convincing evidence—is significantly higher than the reasonable grounds determination that the magistrate must make. The requirement that the behavior have occurred within the "relevant past" does not mean that the behavior must have occurred within the "recent past." There is no specific time within which the past behavior must have occurred to be relevant. (The concept of "relevant past" is discussed more thoroughly below at page 7.)

The test for finding that the respondent is unable to care for self has two prongs and both must be satisfied before issuing a custody order. First, the magistrate must determine that the respondent has acted in such a way as to show that he or she probably would be unable, without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of daily responsibilities and social relations, or to satisfy the need for nourishment, personal or medical care, shelter, or self-protection and safety. Put more simply, the first prong requires the magistrate to find that the respondent probably would be unable to care for himself or herself in regard to daily affairs without treatment. For example, a respondent, who required anti-psychotic medication but refused to take it, would not eat properly, and refused recommended outpatient treatment was found dangerous to himself. Failure to care for medical, dietary, and grooming needs meets the test of dangerousness to self, the court said.[25] On the other hand, unusual eating habits alone may not show dangerousness to self. The North Carolina Court of Appeals was hesitant to find that a respondent who fasted for a time, then ate a whole chicken or loaf of bread, and also ate about five pounds of sugar every two days was dangerous to himself.[26]

If the respondent seems unable to care for his or her daily needs, the magistrate must go on to make a second, more specific, finding that this inability to care for self creates a probability that the respondent will suffer serious physical debilitation within the near future. In the example above, where the respondent's dietary habits were irregular, the court noted that it could not find a likelihood of serious debilitation because the state had presented no evidence of the effect of the irregular diet on the respondent, or any evidence on how long he had been eating that way.[27] The result might have been different if the respondent was diabetic. On the other

24. G.S. 122C-3(11)a.1.

25. In re Lowery, 110 N.C. App. 67, 428 S.E.2d 861 (1993).

26. In re Monroe, 49 N.C. App. 23, 270 S.E.2d 537 (1980). The decision was an appeal from the district court's commitment so the standard of proof that was not met was clear, cogent and convincing rather than the magistrate's standard of reasonable grounds.

27. Id. at 29, 270 S.E.2d at 540.

hand, where a petitioner presented evidence that the respondent had been living in her car for two weeks during the winter, had been unemployed for the last year, having left her job because she felt she was being harassed, and had no plans for earning income, and that her only means of subsistence was food brought by the petitioner, the court found that the respondent was at risk of serious physical debilitation.[28] In determining the reasonable probability of future dangerous conduct, the magistrate may consider previous episodes of dangerousness to self.[29]

If the petitioner presents evidence that the respondent's behavior is grossly irrational, that the respondent is unable to control his or her actions, that the respondent's behavior is grossly inappropriate to the situation, or that the respondent's insight and judgment are severely impaired, the magistrate may presume that the respondent probably meets this second prong.[30]

To summarize, a magistrate may find a respondent dangerous to self if the respondent seems unable to take care of his or her daily needs and is likely to suffer serious physical debilitation in the near future if he or she does not receive treatment. However, the respondent cannot be found dangerous to self merely because he or she behaves in a way that may provoke others to harm him or her. For example, a respondent who was not physically violent herself, but who aggressively preached on the street corner, trying to convert all passersby, was not dangerous to herself merely because someone who reacted negatively to her conversion attempt might react in a way that is physically harmful to her.[31]

Respondent is suicidal

A respondent also can be dangerous to self if he or she has attempted or threatened suicide and there is a reasonable probability of suicide unless the respondent receives adequate treatment.[32] The magistrate may choose to treat an attempt at suicide, alone, as sufficient evidence that there is a reasonable probability of suicide. The magistrate also may treat a threat of suicide as grounds for issuing a custody order and leave the determination of whether there is a future likelihood of suicide to the examiners. Whether a statement constitutes a threat of suicide will depend on the respondent's history and the context in which the statement was made: for example, a statement like "I could kill myself" probably is not a threat of suicide when it comes from a person who has just done something enormously embarrassing, but it may be when it comes from someone who has suffered a dramatic loss of some kind.

Respondent has engaged in self-mutilation

The third way to show a respondent is dangerous to self is to prove that he or she has mutilated or attempted to mutilate himself or herself and that serious mutilation is likely to occur again unless the respondent is committed.[33] No North Carolina appellate cases have discussed this ground for commitment. Self-harm or self-injurious behavior is fairly prevalent today, [34] particularly among adolescents and may include burning, biting, cutting, head banging, picking at skin, pulling out hair, bruising. But some self-harm, while needing treatment, does not rise to the level of self-mutilation necessary for involuntary commitment, and the magistrate must be careful to distinguish between the two. The involuntary commitment statute requires that the magistrate find that serious self-mutilation is likely to occur unless the respondent is committed. Therefore, the frequency and the severity or seriousness of the injury is critical. The magistrate should also look at other factors such as the reason for the self-harm, whether the respondent has access to weapons to do serious harm, and the progression of seriousness of the injuries. One case from another state in which the facts showed dangerousness to self based on self-mutilative behavior indicated that the patient had a history of cutting himself, injuring

28. In re Medlin, 59 N.C. App. 33, 295 S.E.2d 604 (1982). The finding that the respondent was mentally ill was not disputed.

29. G.S 122C-3(11)a.

30. G.S. 122C-3(11)a.1.II.

31. In re Hogan, 32 N.C. App. 429, 232 S.E.2d 492 (1977).

32. G.S. 122C-3(11)a.2.

33. G.S. 122C-3(11)a.3.

34. About one percent of the United States population uses physical self-injury as a way of dealing with overwhelming feelings or situations, but the problem is more prevalent among teenagers where an estimated ten percent have experimented with self-mutilation. Teenagers and Self Mutilation: The Facts, http://www.psychiatric-disorders.com/warning-signs/self-mutilation.php. A recent study published in the August 2007 issue of the journal, Psychological Medicine, indicated 46% of U.S. high school students surveyed had practiced some form of self-mutilation in the past year. David Andreatta, Self-injury Might Be More Common Than Thought, RALEIGH NEWS & OBSERVER, July 2, 2007 at A3.

himself very seriously to the point that he required blood transfusions.[35]

Dangerous to Others

A magistrate must also issue a custody order for a mentally ill respondent if he or she is dangerous to others. A respondent is dangerous to others if, within the relevant past, he or she has: (1) inflicted or attempted to inflict serious bodily harm on another, or has acted in a way that creates a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property, and (2) there is a reasonable probability that such conduct will be repeated.[36]

Respondent has inflicted or attempted to inflict serious bodily harm on another

Most cases coming before a magistrate probably will be fairly clear cut as to whether the respondent inflicted or attempted to inflict serious bodily harm on another person. But what if the respondent has only threatened to inflict serious bodily harm on another? Is the threat a sufficient basis for finding that the respondent is dangerous to others? Courts addressing the issue have concluded that overt dangerous actions are not necessary to conclude that a respondent is dangerous to others. For example, a respondent who threatened his aged and nervous mother and family with increasing frequency over several weeks, saying he was going to "get you all," in conjunction with evidence that he believed his family had sexually seduced him and that he appeared ready to fight any time one of them said something to him, led the court to conclude that the respondent was dangerous to others.[37] In another case, a respondent was found dangerous to others based on evidence that he kept an iron pipe and hatchet under his bed and, through threats, had kept his mother in one chair, unmoving, while he screamed, shouted, cursed, and threatened to "bust" her head if she called anybody.[38] A respondent who had threatened many people in the neighborhood and had threatened to cut her brother's throat was found dangerous to others.[39]

In order to find a respondent dangerous to others on the basis of threats alone, however, the petitioner must present specific evidence about the kind of harm the respondent threatened, when the threats were made, and in what context. For example, the mere allegation that the "respondent ha[d] made statements to her husband of a threatening nature," without more, is insufficient.[40]

One issue that sometimes troubles magistrates is commitment of persons who are residing in nursing homes. For example, a resident of the nursing home who suffers from dementia or bipolar disorder becomes violent and attacks another resident of the nursing home and the nursing home staff seeks to have the resident involuntarily committed. The fact that the respondent is in a nursing home or the fact that the respondent suffers from dementia should not result in any different decision by the magistrate. If the magistrate finds reasonable grounds to believe the respondent is mentally ill (i.e., has an illness—and dementia and Alzheimer's disease are mental illnesses--that impairs judgment and self-control and makes treatment advisable) and is dangerous to self or others, the magistrate should issue a custody order.

Respondent's behavior creates a substantial risk of serious harm

There are no reported North Carolina cases that have addressed a respondent whose actions, though not intended to inflict serious bodily harm on another, have nonetheless created a substantial risk of serious harm. Some situations, of course, will be clear cut: if the respondent, while playing with matches, sets fire to an occupied twenty-unit apartment building in the middle of the night, the respondent's behavior creates a substantial risk of serious harm. Other cases will require a judgment call: if the respondent has a habit of digging man-sized holes in a field near his house, whether or not such conduct creates a substantial risk of serious harm depends on the depth of the holes, the amount of pedestrian traffic in the field, and the visibility of the holes to pedestrians who do walk in the field. If the field sees significant pedestrian traffic, and the respondent artfully covers the holes

35. In re Best Interest of M.G. 2002 WL 31854887 (Tex. App.-Tyler 2002)

36. G.S. 122C-3(11)(b).

37. In re Monroe, 49 N.C. App. 23, 270 S.E.2d 537 (1980).

38. In re Collins, 49 N.C. App. 243, 271 S.E.2d 72 (1980).

39. In re Jackson, 60 N.C. App. 581, 299 S.E.2d 677 (1983). This respondent had also cut her brother's hand within the last week, but the court did not discuss the seriousness of this cut or its role in the determination that she was dangerous to others.

40. In re Holt, 54 N.C. App. 352, 354, 283 S.E.2d 413, 415 (1981).

with grass, the holes may create a substantial risk, but if the holes are only two inches deep, they may not create a risk of serious physical harm.

Respondent has engaged in extreme destruction of property

The one reported case in North Carolina dealing with dangerousness to others based on engaging in extreme destruction of property emphasized the "extreme" requirement. In that case the respondent had used a hammer to break everything she could find in her house, including the television, the telephone, and all available glass.[41]

Reasonable probability of dangerous behavior being repeated

Unlike the second prong of the dangerousness to self test, the second prong of the dangerousness to others test—a reasonable probability that the dangerous behavior will be repeated—has not been emphasized in court cases. The statute provides that the magistrate may consider previous episodes of dangerous behavior in determining future probability of dangerous conduct.[42] Therefore, as long as the magistrate finds past acts of dangerousness this prong is satisfied.

Within the relevant past

The tests for dangerousness to self and others share the requirement that the respondent's allegedly dangerous behavior has occurred within the relevant past. This requirement is no different than the requirement of relevance in evidence law, generally. That is, any information that tends to make the existence of a material fact more or less likely is relevant.[43] In the context of involuntary commitment, the respondent's behavior occurred within the relevant past if the behavior makes it more or less likely that the respondent is dangerous to self or others at the time commitment is considered. "[The] acts are relevant because they occurred close enough in time to the district court [or magistrate's] hearing to have probative value on the ultimate question before the court of whether there was a 'reasonable probability that such [violent] conduct [would] be repeated.'"[44] So, for example, if the petitioner presents information that the mentally ill respondent, now thirty years old, went through a period when she was ten where she would only eat dirt, the behavior probably did not occur within the relevant past.

The concept of within the relevant past does not depend solely on the passage of time, however, but on the totality of the circumstances as the petitioner presents them. For example, the petitioner presents evidence that the mentally ill respondent tried to kill his brother three years ago after refusing to take medication prescribed for his mental illness. This information may seem remote in time. However, if the petitioner supplements this evidence with the information that the mentally ill respondent has once again stopped taking his prescription medication and is exhibiting symptoms similar to those that preceded the three-year-old incident, that three-year-old evidence may have occurred within the relevant past. Although most information the magistrate hears will probably not be this remote, the important thing to remember is that there is no bright-line in time beyond which information is no longer relevant. In fact, one of the problems the General Assembly wanted to cure in changing the language of the standard from "within the recent past" to "within the relevant past" was the practice of some judicial officials of setting a specific limit on the time frame for the conduct.[45]

Summary

The magistrate must issue a custody order when he or she finds reasonable grounds to believe that the respondent is probably mentally ill and dangerous to self or others.

Mental illness has three elements:
(1) an illness
(2) that impairs judgment and self-control
(3) to a degree that makes treatment or supervision advisable.

A respondent is dangerousness to self if he or she:
(1) is unable to care for self and there is a reasonable probability of serious physical debilitation in the near future or
(2) has attempted or threatened suicide and there is a reasonable probability of suicide or

41. In re Williamson, 36 N.C. App. 362, 244 S.E.2d 189 (1978). There was also evidence that the respondent threatened to physically injure family members.

42. G.S. 122C-3(11)b.

43. G.S. 8C-1, Rule 401.

44. Davis v. N.C. Dep't of Human Res., 121 N.C. App. 105, 115, 465 S.E.2d, 2, 8 (1995)

45. See Joan Brannon "Mental Health," NORTH CAROLINA LEGISLATION 1989 at 127 (Institute of Government 1990).

(3) has mutilated, or attempted to mutilate, himself or herself and there is a reasonable probability of serious self-mutilation.

A respondent is dangerous to others if

(1) he or she has:
  (a) inflicted or attempted to inflict serious bodily harm on another or
  (b) acted in a way that creates a substantial risk of serious bodily harm to another or
  (c) engaged in extreme destruction of property and
(2) there is a reasonable probability that such conduct will be repeated.

Mentally Ill and in Need of Treatment

Even if a mentally ill respondent is not dangerous to self or others, a magistrate still must issue a custody order if the respondent, based on his or her psychiatric history, is in need of treatment to prevent further disability or deterioration that would predictably lead to dangerousness.[46] Mental illness in this context means the same thing as mental illness in the inpatient commitment context: (1) an illness (2) that impairs judgment and self-control (3) to the extent that treatment or supervision is advisable. Although this standard (unlike the mentally ill and dangerous to self or others standard) does not specifically require the petitioner to show that within the relevant past the respondent has engaged in, attempted, or threatened to engage in conduct that is dangerous to self or others, such evidence seems necessary to show a psychiatric history indicating that deterioration leading to dangerousness is likely. That is, psychiatric history that would make dangerous deterioration predictable is bound to be a history of past instances in which the respondent did become dangerous. For example, if the petitioner presents evidence that the respondent has stopped taking her antipsychotic medication and states that the lack of medication will make the respondent dangerous, this statement alone probably is not sufficient grounds to issue a custody order: it should be supported by information that when the respondent has gone off her medication in the past she has done, attempted, or threatened to do, something dangerous.

Involuntary Commitment of Mentally Retarded Respondents

Special rules apply in issuing custody orders for mentally ill persons who are also mentally retarded. A mentally retarded respondent may be involuntarily committed only if he or she meets one of the standards set out above; that is, the respondent must be mentally ill and dangerous to self or others or must be mentally ill and in need of treatment to prevent deterioration that would predictably lead to dangerousness.[47] It is often difficult, if not impossible, to determine whether the dangerous behavior is caused by the mental retardation or mental illness, If the magistrate finds reasonable grounds to believe the respondent is mentally ill as well as mentally retarded and if the magistrate finds dangerousness to self or others, the magistrate should issue the commitment order and leave it to the professionals to determine whether involuntary commitment is appropriate for the respondent.

Moreover, a mentally retarded person cannot be admitted to a state psychiatric hospital unless the respondent is so extremely dangerous as to pose a serious threat to the community and to other patients in a non-state hospital or is so gravely disabled by both multiple disorders and medical fragility or deafness that alternative care is inappropriate. In both of those situations the determination of whether the respondent meets the criteria for commitment to a state psychiatric hospital is made by the Local Management Entity for the area where the respondent resides or is found.[48] If a respondent is mentally retarded, the petitioner must produce facts indicating this on the petition, and the magistrate must specifically note it on the custody order.

"Mental retardation" is defined as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before age 22."[49] Making such a diagnosis is beyond the knowledge of lay petitioners and magistrates alike and should be left to the professional examiner. However, the petition must

46. G.S. 122C-261(b).

47. G.S. 122C-261(b). In Thomas S. v. Flaherty, 699 F. Supp. 1178 (W.D.N.C. 1988) a federal district court held that North Carolina was inappropriately confining and treating mentally ill retarded persons in the state psychiatric hospitals and ordered the state to provide a full range of habilitative treatment for mentally retarded persons confined in state psychiatric hospitals. The requirement limiting admission to state hospitals was enacted in 1995 in response to that case. See Joan Brannon, 1996 Legislation Amending the Involuntary Commitment and Domestic Violence Laws, ADMINISTRATION OF JUSTICE MEMORANDUM No. 96/04 at 1.

48. G.S. 122C-261(f).

49. G.S. 122C-3(22) (1996).

include facts indicating mental retardation. Four questions can help a magistrate determine whether the respondent is probably mentally retarded:

(1) Has a doctor or psychologist ever said that the respondent has mental retardation?
(2) Has the respondent ever been in special education classes for students with mental retardation?
(3) Has the respondent ever received special services for respondents with mental retardation such as sheltered workshops or group home placement?
(4) Did the problems relating to intelligence and functioning begin before age 22?

In order to find the respondent mentally retarded, the answer to the fourth question must be "yes" and at least one of the other three questions must also be answered in the affirmative.[50]

The special provisions regarding mentally retarded persons do not apply to substance abuse commitments.

Substance Abuse Commitment

Magistrates may also be asked to issue custody orders for respondents who are substance abusers. The standard for issuing a custody order in these circumstances is: (1) the respondent is a substance abuser who is (2) dangerous to self or others.[51] Substance abuse means the pathological use or abuse of alcohol or other drugs in a way, or to a degree, that produces an impairment in personal, social, or occupational functioning; it may include a pattern of tolerance and withdrawal.[52] The use does not need to have occurred over any certain length of time or in any certain amount. To be pathological the use need only be habitual or compulsive and have a negative impact on the respondent's functioning. Such functional impairment might mean, for example, that the respondent misses important meetings at work because of alcohol or drugs, verbally abuses friends and family members when drunk, or suffers delusions when she has gone too long without drugs or alcohol.

A magistrate who finds that the respondent is probably a substance abuser and is dangerous to self or others must issue a custody order. The standard for assessing danger to self or others is the same as described under the standard for inpatient commitment of persons with mental illness.

50. Brannon, supra note 47 at 2-3.

51. G.S. 122C-281.

52. G.S. 122C-3(36). Unlike the definition of mental illness, this definition is a medical one.

Procedure for Initiating Involuntary Commitment

To begin the process of involuntary commitment a person must petition for an order (the custody order) to have the respondent picked up for examination by a physician. Petitioning for a custody order differs in several significant ways from the usual small claims court procedure. First of all, the procedure is not a trial; it is merely a mechanism to have the respondent taken into custody for examination. Petitioning for a custody order is an ex parte hearing: that is, the hearing takes place without notice to, or the presence of, the opposing party—in this case, the respondent. The respondent normally is not present, but even if respondent is present, the usual procedure for presentation of evidence is not followed. The respondent is not part of the process and does not present evidence in his or her favor or get to cross examine the petitioner or petitioner's witnesses. Also, two fundamental rules of evidence are not followed in petitioning for involuntary commitment. First, the petitioner is deemed a competent witness even in cases where he or she has no personal, firsthand, knowledge of the respondent's state. This departure from the rules of evidence leads to the second, which is that a petitioner can prove his or her case, and the respondent may be taken into custody and transported for examination, entirely on the basis of hearsay evidence.[53] In this last respect, hearing a petition for a custody order is like the probable cause determination in issuing criminal process.

Who may initiate a petition?

Anyone with information about the respondent may petition for a custody order.[54] The respondent's family members or friends, neighbors, social workers, teachers, physicians or law enforcement officers can all be petitioners. The petitioner's knowledge of the respondent's condition does not have to be firsthand; hearsay information about the respondent is acceptable. For example, a law enforcement officer may petition for a custody order on the basis of information told to him or her by the respondent's neighbor, or a respondent's sister may petition based on information from the respondent's mother. In this respect, the petition resembles an application for a warrant: hearsay evidence can be considered, but at the trial of the matter before a

53. In re Zollicoffer, 165 N.C. App. 462, 598 S.E.2d 696 (2004).

54. G.S. 122C-261(a), -281(a).

district court, the witness must have personal knowledge of the facts about which he or she is testifying.

Who is subject to a custody order?

Any person may be subject to a custody order (assuming the petitioner presents sufficient evidence), no matter his or her age. Involuntary commitment of minor children may occur less frequently than of adults because parents (or guardians) are given the power to consent to treatment for their minor children and can have them admitted to treatment without showing dangerousness. Involuntary commitment thus generally occurs only when a child's parents do not consent to treatment, the parents cannot be found, or because of the child's dangerousness, the parents believe it is best to involuntarily commit the child. However, if the petitioner presents sufficient facts to commit a minor, the magistrate cannot refuse to issue a custody order for a minor simply because the parent could seek a voluntary admission.

Where is the petition initiated?

Petitions may be made to a magistrate in the county where the respondent lives or in the county where the respondent is found.[55] For example, if a resident of Cabarrus County is found wandering the streets of downtown Charlotte without proper clothing, speaking to imaginary friends, either a magistrate in Cabarrus County or a magistrate in Mecklenburg County is authorized to issue a custody order for the respondent and the petitioner can go to either place. Most often the petition is brought in the county where the respondent is found. A respondent who is found in North Carolina need not be a resident of the state to be involuntarily committed. A Mecklenburg County magistrate could also issue a custody order for a resident of South Carolina who is found in Mecklenburg County.[56]

How is a petition made?

Personal Appearance

Most petitioners must appear personally before the magistrate to execute the petition.[57] The magistrate may have the petitioner fill out the petition or may complete it for the petitioner after the petitioner has conveyed the relevant facts about the respondent's condition. Either way, the petitioner must swear to the facts contained in the petition. An unsworn petition cannot serve as the basis for issuance of a custody order.[58]

Physician or Psychologist Petitioner

One group of petitioners does not have to personally appear before the magistrate: when the petitioner is a physician or eligible psychologist[59] who has examined the respondent, he or she may execute an affidavit before any official authorized to administer oaths (usually a notary public) and submit the affidavit to the magistrate by delivering the original to the magistrate or sending a copy by telefacsimile transmission.[60] The physician or psychologist examiner need not appear before the magistrate to testify, but the magistrate must have the notarized affidavit or a faxed copy of it in front of him or her and make a determination from the facts contained in the affidavit that the respondent meets the custody order criteria. Because the physician's or psychologist's evaluation must comply with the requirements of an initial examination, the physician or psychologist petitioner frequently will attach a form called "Examination and Recommendation to Determine the Necessity for Involuntary

55. G.S. 122C-261(a), -281(a).

56. If a resident of another state is involuntarily committed in North Carolina, the State psychiatric hospital may return the respondent to his or her home state. G.S. 122C-345.

57. G.S. 122C-261(a), -281(a).

58. In re Ingram, 74 N.C. App 579, 328 S.E.2d 588 (1985).

59. There is a pilot program operating in several western Local Management Entities (LMEs) allowing the initial evaluation to be performed by a licensed clinical social worker, a masters level psychiatric nurse or a masters level certified addictions specialist in addition to a physician or eligible psychologist. In those LMEs when these clinicians perform the initial evaluation, they are treated like physicians and eligible psychologists and do not have to personally appear before the magistrate when they are the petitioner.

60. G.S. 122C-261(d). A similar provision for transmission by telefacsimile is not included in the substance abuse statute. However, since the procedure could be followed without a statutory provision, it can be followed in substance abuse commitments also.

Commitment"[61] to the affidavit and the facts may be stated in the attachment.

If the affidavit is submitted by telefacsimile transmission, the physician or psychologist must mail the original no later than five days after transmission to the clerk or magistrate to be filed in the case file. Sometimes rather than mailing the original, the physician or psychologist will give it to the law enforcement officer who comes to the physician or psychologist to take the respondent into custody under the order.

Petition Must Show Facts

The "Affidavit and Petition for Involuntary Commitment" (AOC-SP-300) is a sworn affidavit setting forth facts that show that the respondent meets at least one of the standards for issuance of a custody order. The magistrate must issue a custody order if the petition shows that the respondent is probably: (1) mentally ill and dangerous to self or others; (2) mentally ill and in need of treatment to prevent deterioration that would predictably lead to dangerousness; or (3) a substance abuser who is dangerous to self or others.

The petition must set forth facts in support of petitioner's allegations and not just conclusions. Facts are assertions or statements about something having objective reality—an actual event in time or space. Conclusions are judgments. Statements in a petition such as "the respondent lacks self-control and is unable to provide for himself" or "the respondent is a mentally ill … person who is dangerous to [her]self or others [and] [r]espondent has strange behavior and irrational in her thinking"[62] are conclusions. An example of a statement of facts is: "For the past two weeks the respondent has been hallucinating, claiming that an escaped convict is after him and that his wife is secretly keeping the convict in the basement of their home. On three occasions between April 23 and 25 he threatened to shoot his wife if she does not get rid of the convict. On April 26, the respondent purchased a gun, shot his wife in the arm, and told her that she had three days to get the convict out of the house."

The facts stated in the petition must support all the criteria necessary for a custody order. The statement of facts above, for example, establishes that the respondent is probably mentally ill (hallucinating, claiming that an escaped convict is conspiring with his wife), that he inflicted serious physical harm on someone (shot his wife), and that there is a likelihood such conduct will be repeated (past behavior and still hallucinating indicates conduct likely to reoccur); this statement of facts supports a finding that the respondent is mentally ill and dangerous to others. But recall the example of the mentally ill respondent who fasted for days at a time and then ate a whole loaf of bread or a chicken, and ate five pounds of sugar every two days. While this statement of facts may have supported a finding that the respondent was unable to care for himself, it did not show that he was in danger of serious physical debilitation, as required to find the respondent mentally ill and dangerous to himself. The following petition also was found to be insufficient to allege mental illness and dangerous to self: "Respondent has strange behavior and irrational in her thinking. Leaves home and no one knows of her whereabouts, and at times spends the night away from home. Accuses her husband of improprieties."[63] An example of a sufficient petition based on respondent's danger to self is: "Respondent stopped taking her psychiatric medicine (Haldol) three weeks ago. She has begun having trouble sleeping at night and hasn't slept more than one hour in the past 48 hours. She hasn't bathed for a week and has been talking constantly for the last week even though normally she is a quiet person. Last night when it was 25 degrees outside, I found her walking around in the back yard in a short-sleeved shirt saying she was looking for her mother, who died fifteen years ago."

A petition adequate to obtain a custody order for a substance abuser might be the following: "The respondent has been smoking crack cocaine three times daily for the last two weeks; he lost his job two days ago when he showed up at work high and now that he has no income of his own to buy drugs today he beat his mother and father to steal their money."

When a respondent is mentally retarded as well as mentally ill, the petition might allege (in addition to facts necessary to support the other required elements for commitment) something to the effect that the respondent was identified as mentally retarded when she was in second grade and has been receiving special education services for the mentally retarded since that time. It is not clear whether it is necessary to allege facts regarding the mental retardation since that is not a criteria for commitment, but rather a special provision that affects the choice of hospitals for the respondent. However, since the statute requires the magistrate to find that "the respondent is also probably mentally ill"[64] the safest practice is to include facts supporting that finding.

61. The form number is DMH 5-72-01 (Sept. 2001).

62. In re Ingram, 74 N.C. App. 579, 581, 328 S.E.2d 588, 589 (1985).

63. Id.

64. G.S. 122C-261(b).

Magistrate's Role in Ascertaining Facts

Asking Questions

A petitioner who appears before a magistrate seeking a custody order is often in a state of crisis. Due to this emotional state and the fact that the petitioner is probably not acquainted with the custody order criteria, the magistrate may have to actively participate in getting information from the petitioner and in writing the petition. The magistrate should always feel free to ask specific questions necessary to determine whether to issue a custody order.

Common questions to ask might include:

1. Has the respondent harmed or threatened to harm self or others within the past 24 hours? Within the last week? Month? Three months?
    a. What did the respondent do to himself or herself?
    b. What did the respondent do to you?
    c. What did the respondent do to others?
2. Is the respondent hallucinating (seeing or hearing things that other people don't)? What kind of things is he or she hearing or seeing?
3. Can the respondent identify the day, where he or she is, his or her name or age?
4. Does the respondent have unreasonable thoughts that people are talking about him or her or are going to kill or hurt him or her? Tell me what he or she said, or how you learned this information?.
5. Is the respondent making exaggerated or elaborate claims, such as:
    a. being on a special mission;
    b. being another important and powerful person;
    c. being part of a powerful organization?
6. Does the respondent have trouble sleeping at night? How long since the respondent had a normal night's sleep?
7. Has the respondent consumed more than one pint of alcohol per day for the past three to ten days?
8. Is the respondent taking any medication?
    a. what is it?
    b. has the respondent taken any illegal drugs within the past 24 hours? Month? Three months? What kind of drug? How much?
9. Has there been any change in the respondent's appetite? Has it grown or decreased? Is the respondent eating at all?
10. Is the respondent doing his or her normal activities? If not, what is the respondent doing differently?
11. Is the respondent unable to care for self because of his or her mental condition? Is he or she eating, sleeping, dressing, bathing, using the toilet, staying out of traffic?

Writing Down All the Relevant Facts

The magistrate must make sure that the petition itself contains all the facts about a respondent's present condition as well as information about previous episodes of dangerousness that are relevant to determining that there is a reasonable probability of future dangerous conduct or that would show the current deterioration would predictably result in dangerousness if treatment is not provided.[65] The facts must support all the bases for commitment that are checked on the order. For example, if the respondent is mentally ill and dangerous to self, the facts must support each of these prongs. If there is not enough space for this information on the petition itself, the magistrate should attach an extra sheet.

Full detail is important for two reasons: First, the district court judge is likely to dismiss the case if the petition is lacking in detail to support a custody order.[66] "[A custody] order is essentially a judgment by which a person is deprived of his liberty …, and as a result, he is entitled to the safeguard of a determination by a neutral officer of the court that reasonable grounds exist for his original detention…."[67] Even if the petitioner is a physician or psychologist, the petition must state sufficient facts to support the issuance of a custody order. Giving too much deference to physicians or psychologists, who are required to give facts like other petitioners, may result in the case being dismissed and is an abdication of the magistrate's role as an independent judicial official determining reasonable grounds to proceed.

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65. G.S. 122C-261(a), -281(a).

66. In re Ingram, 74 N.C. App. 579, 328 S.E.2d 588 (1985).

67. In re Reed, 39 N.C. App. 227, 229, 249 S.E.2d 864, 866 (1978).

Second, because the physician or psychologist who examines the respondent may not speak to anyone besides the respondent, the petition must convey to the examiner the respondent's current state and past history.

Denying The Custody Order

If, after hearing the petitioner, the magistrate does not find reasonable grounds to believe that the respondent meets one of the custody order standards, the magistrate must not issue a custody order. In this circumstance, the magistrate does not have to fill out a petition (in those cases where the petitioner has not filled out his or her own petition) and is not required to make written findings of fact. The magistrate should give the petitioner the information necessary to contact the local mental health center and pursue whatever treatment options the respondent will voluntarily accept.

Issuing The Custody Order

A magistrate who does find reasonable grounds to believe that the respondent meets one of the custody order standards must issue a custody order. Where the statutory criteria for issuing a custody order are met, the magistrate should issue a custody order even if the respondent, either in person or via the petitioner, agrees to submit to treatment voluntarily. The reason for this result is this: it is possible that the respondent, because of mental illness or substance abuse, may not have the capacity to consent to treatment. Whether the capacity to consent does exist is a determination that should be left to the professional examiner and, if the respondent has capacity to consent, the examiner may convert the involuntary commitment to a voluntary admission. In a case from Florida the respondent agreed to hospitalization but later claimed that he was deprived of his liberty without due process because he didn't have the mental capacity to understand his consent. He successfully claimed that the hospitalization should have occurred under the involuntary commitment process where he would have been afforded the due process safeguards inherent in that procedure.[68] The bottom line is that if a respondent meets the custody order criteria, the magistrate should issue the order.

68. Zinermon v. Burch, 494 U.S. 113, 110 S.Ct. 975, 108 L.Ed. 2d 100 (1990).

The kind of order the magistrate issues will depend on who the petitioner is.

When the Petitioner is Not a Physician or Psychologist

When the petitioner is not a physician or eligible psychologist, the magistrate will use the form entitled "Findings and Custody Order Involuntary Commitment" (AOC-SP-302).

Findings

In issuing the order itself the magistrate must first make "findings" of fact. The order contains three possible findings: (1) the respondent is mentally ill and dangerous to self or others or in need of treatment to prevent deterioration that would predictably lead to dangerousness; (2) the respondent, in addition to being mentally ill, is also mentally retarded; or (3) the respondent is a substance abuser and dangerous to self or others. The magistrate should check all that apply, and it is possible that all three could apply. The magistrate, however, may only check the mental retardation box [box (2)] if the respondent is also mentally ill and that box was also checked. If the respondent is a substance abuser and also mentally retarded, there is no similar requirement to make findings concerning mental retardation.

Order

Under the order the magistrate should check the block that directs "any law enforcement officer" to take the respondent into custody and take the respondent for examination by a person authorized by law to conduct the examination (block 1). The officer must take the respondent to an area facility[69] for examination; if a proper person to perform the examination is not available in the area facility or no facility is available, the officer takes the respondent to any physician or psychologist locally available,[70] which typically is the emergency department of the nearest general hospital. If the initial examiner recommends inpatient commitment, the order directs a law enforcement officer to transport the respondent to a designated 24-hour facility for a second examination.

69. An "area facility" is a facility operated by or under contract with an area mental health authority. G.S. 122C-3(14).

70. G.S. 122C-263(a), -283(a).

When the Petitioner is a Physician or Psychologist

When the petitioner is a physician or psychologist[71] who has already examined the respondent and has made a specific recommendation as to the respondent's disposition and the magistrate finds reasonable grounds supporting the recommendation, then the order the magistrate issues depends on the examiner's recommendation for disposition, which is found in Section III of "Examination and Recommendation to Determine Necessity for Involuntary Commitment" (DMH 5-72-01). If the examination form is not attached and the physician has not specified the type of commitment—mentally ill and dangerous; mentally ill and in need of treatment; or substance abuser and dangerous—the magistrate must determine which type of commitment the facts support.

When the physician or psychologist recommends inpatient commitment

If the physician or psychologist petitioner recommends inpatient commitment and the magistrate finds reasonable grounds to affirm that recommendation, the magistrate must issue the regular custody order (AOC-SP-302), make the appropriate finding, and check the box in the order directing the law enforcement officer to transport the respondent directly to a designated 24-hour facility for examination and custody pending a district court hearing (box 2).[72] There is no need to take the respondent to a local examiner because the physician or psychologist petitioner has already performed that examination.

When the physician or psychologist recommends outpatient commitment

If the physician or psychologist petitioner recommends outpatient commitment and the magistrate finds reasonable grounds to affirm the recommendation, the magistrate does not issue a custody order because the respondent will not be taken into custody. Rather, the magistrate issues the order entitled "Findings and Order Involuntary Commitment Physician-Petitioner Recommends Outpatient Commitment" (AOC-SP-305), which requires hearing a district court judge to hold a hearing to determine whether the respondent will be involuntarily committed to outpatient treatment.[73] The clerk will issue a notice of hearing to the respondent.[74]

Outpatient commitment means treatment in an outpatient setting and may include medication, individual or group therapy, day or partial day programming activities, services and training including educational and vocational activities, supervision or living arrangements, and any other services prescribed either to alleviate the individual's illness or disability, maintain semi-independent functioning, or to prevent further deterioration that may reasonably be predicted to result in the need for inpatient commitment to a 24-hour facility.[75]

When the physician or psychologist recommends substance abuse commitment

If the physician or psychologist petitioner recommends substance abuse commitment and the magistrate finds reasonable grounds to affirm that recommendation, the type of order issued by the magistrate depends upon the recommendation of the physician or eligible psychologist as stated in the "Examination and Recommendation" form.[76] If the physician recommends that the respondent be held at a 24-hour facility, the magistrate issues a custody order to transport the respondent directly to the designated 24-hour facility for examination and custody pending a district court hearing AOC-SP-302, block 2). If the physician recommends that the respondent be released pending a hearing, the magistrate issues an order that a hearing before a district court judge be held to determine whether the respondent will be involuntarily committed (AOC-SP-305).

Designate the 24-Hour Facility To Which Respondent Taken

In the final part of the first page of the custody order, the magistrate must fill in the name of the designated 24-hour facility[77] to which the respondent may be

71. See supra note 59.

72. G.S. 122C-261(d).

73. Id.

74. The form is "Notice of Hearing/Rehearing for Involuntary Commitment," AOC-SP-301.

75. G.S. 122C-3(27).

76. G.S. 122C-281(d). The number of the form is DMH 5-72-01.

77. Under G.S. 122C-252 hospitals must be designated by the Secretary of Health and Human Resources to receive and treat involuntarily committed respondents. Any facility

taken if the first examiner finds that the respondent is an appropriate candidate for inpatient commitment or if the petitioner is a physician or psychologist who recommends inpatient commitment. Note that the magistrate does not put the place for the officer to take the respondent to the first evaluation (in other words the mental health center or local hospital emergency room) in this block. The form and statute require that the magistrate put the designated 24-hour facility to which the respondent will be taken for the second evaluation and at which he or she will be held for a district court hearing.

The Department of Health and Human Services maintains a list of designated 24-hour facilities on its website at http: //www/ ncdhhs.gov/mhddsas/ ivc/ ivcdesignatedfacilities_6-14-07.pdf.

In order to ensure that the respondent will be admitted to any designated 24-hour facility (state psychiatric hospital or local public or private hospital that has been designated by the State to take involuntary commitments) to which he or she might be taken, the magistrate should name the 24-hour facility to which most respondents are sent and then put "any designated 24-hour facility," (e.g. "Broughton Hospital or any designated 24-hr. facility"). Some magistrates merely put "any designated 24-hour facility" without naming any specific facility.

Private Hospital Placements

A respondent who has the resources to pay for the cost of inpatient hospital care without the use of any public funds may select a private facility for treatment and care. In those cases where the respondent is able to choose a private placement, the petitioner must have already have made arrangements with the chosen facility and if it is clear that the private facility has agreed to accept the respondent, the magistrate should fill in the name of that facility on the order.[78] If the family has not made prior arrangements for admission to a private facility, the magistrate should send the respondent to the usual 24-hour facility and the Local Management Entity or facility staff can transfer a respondent who qualifies for admission to a private hospital.

Requirement to Contact Area Authority Before Issuing Custody Order

In two different circumstances, the magistrate must contact the local mental health center before issuing a custody order. First, in cases where the magistrate has found that the respondent is probably mentally retarded, in addition to being mentally ill, he or she must contact the area authority (local mental health center) before issuing any order.[79] When the petitioner is not a physician or an eligible psychologist, the area authority will tell the magistrate where to take the respondent for the initial and second examinations. The magistrate should indicate to the officer where to take the respondent for the first evaluation and should write the location of the second evaluation in the block on the form "name of 24-hr. facility for mentally ill." When the petitioner is a physician or eligible psychologist, the area authority will designate the 24-hour facility to which the respondent should be taken and the magistrate should write this location down on the order in the block for the 24-hour facility for mentally ill. In the event that a mentally retarded person gets beyond the magistrate without the petitioner asserting and the magistrate finding that the person is mentally retarded and the mental retardation is discovered at the first evaluation, the examiner at the first evaluation can fill in a non-state facility in the box designated "or following facility designated by area authority."

Second, some counties have local policies that require the magistrate to contact the local mental health center before issuing a custody order. If the chief district court judge has approved the policy, it should be followed by the magistrates.

Who Serves the Custody Order

When the magistrate issues a custody order, generally a law enforcement officer serves the order. City police officers are responsible for transportation to a location within the county if the respondent resides, or was taken into custody, within city limits. If the respondent resides, or was taken into custody, in the county but outside city limits, the county deputy sheriffs are responsible for transportation, including

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designated could take the respondent, but private hospitals may not take indigent respondents.

78. G.S. 122C-263(d)(2) implies that direct commitment to a private hospital is appropriate when it provides that if the first examiner recommends inpatient commitment, "the law enforcement officer … shall take the respondent to a [designated] 24-hour facility…. If there is no area 24-hour facility and if the respondent is indigent and unable to pay for care at a private 24-hour facility, the law enforcement officer … shall take the respondent to a State facility for the mentally ill…."

79. G.S. 122C-261(b).

transportation to locations outside the county.[80] This statute is confusing if a respondent resides in the city but is found in the county outside the city limits or vice versa since in those situations both the police and sheriff are designated to transport for evaluations within the county. The local law enforcement agencies must determine which agency transports in those circumstances.

There are two situations where persons other than law enforcement officers may provide transportation under a custody order. The city or county may designate volunteers or other personnel to provide transportation rather than using law enforcement officers.[81] The persons designated by the city or county follow the same procedure as law enforcement officers.

Magistrates may authorize family members or immediate friends of the respondent to carry out the custody order if the following criteria are met: first, a family member or immediate friend must make a request to transport the respondent; and second, the magistrate must find that the respondent does not pose substantial danger to the public.[82] The critical word is "substantial" since all respondents must be dangerous. For example the second criterion might be met in a case where the respondent is an older person who has been found dangerous to self because he is unable to care for himself but becomes extremely agitated when dealing with law enforcement officers. If the magistrate authorizes transportation by a family member or friend, in addition to completing the custody order, the magistrate must also complete the form entitled "Request and Authorization to Deliver Respondent" (AOC-SP-902M). The magistrate should inform the family member or friend providing the transportation where to take the respondent for the initial evaluation and where to take the respondent for the second evaluation if necessary (which is the 24-hour facility designated by the magistrate on the custody order). The magistrate also should inform the person that he or she must return to the clerk of court the form entitled "Request and Authorization to Deliver Respondent" with the acknowledgement of delivery filled in and the "Custody Order" with the "preliminary examination" section filled in.

Validity of Order

The magistrate's custody order directs any law enforcement officer to take the respondent into custody and transport him or her as directed in the order within 24 hours after the order is issued and without unnecessary delay after assuming custody.[83] If the respondent is not taken into custody within 24 hours of issuance of the order, the order is no longer valid and the officer may not take the respondent into custody after that time. What is not clear is the procedure that must be followed if the respondent is not taken into custody within 24 hours and the petitioner still wishes to commit the respondent. One possibility is for the magistrate to issue a second custody order based on the first petition. The other course of action would be to require the petitioner to present evidence of the respondent's continued dangerousness in a new petition and issue a new order based on that petition. The procedure the magistrate follows may depend on the nature of the facts presented in the first petition. Some facts would support the issuance of a custody order even though one or more days might have passed since anyone has seen the respondent and since the issuance of the custody order. Other facts may present a weaker case with the passage of a day or more. If at the time the request for a new custody order is made, the magistrate determines that the facts alleged in the first petition lead the magistrate to find reasonable grounds to believe that the respondent now meets the criteria for commitment, the magistrate can issue a second order based on the first petition.[84]

Where is the order valid? For example, what if a respondent moves back and forth between counties? As long as the custody order was issued by an appropriate magistrate—one sitting in a county where the respondent either resided or was found—it can be served on the respondent anywhere in North Carolina.[85] The only difficulty with service is a practical one of getting the order to the appropriate law enforcement agency in the county where the respondent is to be taken into custody. Generally, an officer from the magistrate's county delivers the order to the appropriate agency. Although there are no cases or statute governing the situation, it probably is sufficient for the officer holding the original custody order to fax a copy of the order and petition to a law enforcement agency in the county where the respondent is now believed to be found for service.

80. G.S. 122C-251(a).

81. G.S. 122C-251(g).

82. G.S. 122C-251 (f).

83. G.S. 122C-261(e), -281(e).

84. There are no reported cases in North Carolina dealing with this issue.

85. G.S. 122C-261(e), -281(e).

Inform Petitioner of Next Steps

If the magistrate issues a custody order for a mentally ill respondent, the magistrate must provide the petitioner (and respondent, if present) with information regarding the next steps in the process.[86] Although the statute containing this requirement does not enumerate specific pieces of information that should be relayed, the magistrate should inform the petitioner that:

(1) the custody order is a document that initiates the process leading to commitment; it is not the commitment order itself;

(2) the respondent will be taken into custody by a law enforcement officer and taken to a local facility to be examined by a physician or psychologist who will make one of three recommendations:

(a) release the respondent because he or she does not meet the commitment criteria;

(b) release the respondent but schedule a district court hearing within 10 days because the respondent meets the criteria for outpatient commitment;

(c) take the respondent to a 24-hour facility because he or she meets the criteria for inpatient commitment.

(3) if the second examiner recommends inpatient commitment, the respondent will be held at the 24-hour facility for observation and treatment pending a district court hearing to be held within 10 days. The facility staff must release the respondent when he or she no longer meets the criteria for involuntary commitment.

A model notice of next steps is found at Appendix III at the end of this bulletin.[87]

Inquiry Into Respondent's Indigence

Upon issuing a custody order for inpatient commitment, the magistrate is required by law to inquire as to whether the respondent is indigent (and thus entitled to have appointed counsel at the district court hearing).[88] However, many magistrates no longer make this inquiry because indigent respondents who are sent to a state psychiatric hospital are entitled to receive representation from the special counsel and in that situation determining whether a respondent is indigent is the responsibility of the special counsel.[89] At hearings for mentally ill persons in counties other than where state hospitals are located, counsel is appointed for indigent respondents in accordance with the rules adopted by the Office of Indigent Defense Services.[90] However, even if a mentally ill respondent is not indigent, but refuses to retain counsel, the Office of Indigent Defense Services must appoint counsel for him or her anyway.[91] Therefore, for most mentally ill respondents counsel is going to be appointed so a magistrate's determination of indigence is unnecessary.

For substance abuse respondents, the statute provides that the clerk of court, upon direction of the district court judge, assigns counsel[92] who represents the respondent at the trial level, and upon appeal the Office of Indigent Defense Services appoints counsel.[93]

Respondents who are recommended only for outpatient treatment (that is, those who are not at a state psychiatric hospital) do not have the right to counsel at their district court hearing. However, a judge may appoint counsel for an indigent respondent who is recommended only for outpatient commitment if the judge determines that the issues involved in the outpatient commitment are of significant complexity or that the respondent is unable to speak for himself or herself.[94]

Magistrates who do conduct an indigence inquiry should use the form "Affidavit of Indigency," AOC-CR-226.

Emergency Commitments

In addition to the regular procedure for initiating an involuntary commitment, there are two emergency procedures for circumstances where the respondent requires immediate hospitalization to prevent harm to self or others.

86. G.S. 122C-261(b).

87. The notice is a slightly modified version of one drafted by Mark Botts, a School of Government faculty member who specializes in mental health law.

88. G.S. 122C-261(c), -281(c).

89. G.S. 122C-270(a).

90. G.S. 122C-270(d). Currently the judge or clerk handles the appointments.

91. G.S. 122C-268(d).

92. G.S. 122C-284(a), -286(d).

93. G.S. 122C-289.

94. G.S. 122C-267(d).

Emergency Commitments for Mentally Ill

Magistrates are not involved in emergency commitments of mentally ill respondents. The criteria for the special emergency procedure is that the person not only meet the criteria for a regular commitment but also that person is in need of immediate hospitalization to prevent harm to themselves or others. The emergency commitment procedure allows anyone, including law enforcement officers, to take the respondent directly to a local physician or psychologist or directly to a State facility for examination.[95] If the examiner finds that the respondent is, in fact, (1) mentally ill, (2) dangerous to self or others, and (3) in need of immediate hospitalization, the examiner will send sworn certification of this finding to the clerk of superior court on the form entitled "Supplement to Support Immediate Hospitalization" (DMH 5-72-01-A). This supplement must accompany the examiner's usual examination form ("Examination and Recommendation To Determine Necessity for Involuntary Commitment," DMH 5-72-01).[96] The certification takes the place of the magistrate's custody order and requires a law enforcement officer to transport the respondent to a 24-hour facility for a second examination. If a person comes to the magistrate with an evaluation by a physician and the additional supplement certifying the need for immediate hospitalization, the magistrate should not issue a custody order but should indicate to the law enforcement officer that the certificate takes the place of a custody order.

Emergency Commitment of Substance Abusers

The special procedure for emergency commitment of substance abusers does involve magistrates. Only law enforcement officers may petition for emergency commitment of substance abusers. If a substance abuser is violent and requires restraint, and if delay in taking him or her to a physician or eligible psychologist for examination would probably endanger life or property, the law enforcement officer may take the substance abuser into custody and take him or her immediately before a magistrate to seek a custody order.[97] If magistrate finds by clear, cogent, and convincing evidence (note that this evidentiary standard is higher than that required in the non-emergency case) that (1) the facts in the affidavit are true, (2) that the respondent is in fact violent and in need of restraint, and (3) that delay in taking the respondent to a physician or eligible psychologist would endanger life or property, the magistrate must issue an emergency commitment order to take the respondent directly to a 24-hour facility, bypassing the first examination. The form is entitled "Petition for Special Emergency Substance Abuse Involuntary Commitment Petition and Custody Order" (AOC-SP-909M).

Transportation Orders

In addition to issuing custody orders that require officers to transport the respondent for examination in response to a petition for involuntary commitment, magistrates may order law enforcement officers to provide transportation in two other situations. First, if a substance abuser who is under an order for outpatient treatment fails to comply with that order, the area mental health authority or supervising physician may, after reasonable efforts to solicit the respondent's compliance, ask the magistrate to order that the respondent be taken into custody and transported to the area authority or physician for examination.[98] Also if a substance abuser who has been discharged from inpatient commitment and breaches the conditions of his or her release, the area mental health authority or physician may request that the respondent be taken into custody and transported to the area authority or physician for examination.[99] Upon request, the magistrate must issue an order a law enforcement officer to transport the respondent to a designated physician for examination. The form is "Request for Transportation Order and Order (Committed Substance Abuser Fails to Comply With Treatment or Is Discharged From 24-Hour Facility)" (AOC-SP-223).

The second situation in which the magistrate may be asked to issue a custody order is where transportation is needed to transfer certain respondents from one 24-hour facility to another.[100] In this situation, a respondent being held for a district court hearing or already committed by a district court

95. G.S. 122C-262.

96. Both forms are needed because the examiner must give facts supporting the mental illness and dangerousness as well as the need for immediate hospitalization, and the certificate for emergency commitment does not require facts supporting the mental illness and dangerousness. G.S. 122C-262(b), -264(b1).

97. G.S. 122C-282.

98. G.S. 122C-290(b).

99. Id.

100. G.S. 122C-206(c1).

judge needs to be transferred from the 24-hour facility in which he or she is being held to another 24-hour facility. Frequently this occurs when the respondent was sent to a local hospital but that hospital is unable to handle the respondent and wants the respondent sent to a state psychiatric hospital. The magistrate may also be asked to transfer a minor or incompetent adult who was voluntarily admitted from one facility to another. If a responsible professional at the original facility notifies the magistrate to issue an order, the magistrate must order a law enforcement agency to transfer the respondent. The form is "Notice of Need For Transportation Order and Order (From One 24-Hour Facility to Another)" AOC-SP-222.

Conclusion

After a magistrate has issued an order to take a respondent into custody and transport him or her for examination, the magistrate's involvement in the process of involuntary civil commitment ends. From this point the respondent is examined by two professionals and, if these examinations reveal that the respondent meets the criteria for commitment, the respondent will receive a hearing in the district court, at which time the judge may commit the respondent.

Appendix I

Summary of Involuntary Commitment Standards

Mentally ill and dangerous to self or others	*Mentally ill and in need of treatment to prevent deterioration that would predictably lead to dangerousness*	*Substance abuser and dangerous to self or others*
Respondent is **mentally ill** if he or she has 1) an illness 2) that impairs judgment and self-control *and* 3) makes treatment advisable Respondent is **dangerous to self** if he or she 1) is unable to care for self and in danger of suffering serious physical debilitation in the near future *or* 2) has attempted or threatened suicide and is likely to commit suicide unless treatment is given *or* 3) has mutilated or attempted to mutilate self and is likely to seriously mutilate self unless treatment is given Respondent is **dangerous to others** if 1) he or she has a) inflicted, attempted to inflict, or (in some cases) threatened to inflict, serious bodily harm on another *or* b) acted in a way that creates a substantial risk of serious harm *or* c) engaged in serious destruction of property *and* 2) there is a reasonable probability that such conduct will be repeated	Respondent is **mentally ill** if he or she has 1) an illness 2) that impairs judgment and self-control *and* 3) makes treatment advisable Respondent needs treatment to prevent deterioration if his or her psychological history indicates that his or her present state would predictably lead to dangerousness	Respondent is a **substance abuser** if he or she engages in 1) pathological use or abuse of alcohol or drugs 2) in a way or to a degree that produces an impairment in personal, social, or occupational functioning Respondent is **dangerous to self** if he or she 1) is unable to care for self and in danger of suffering serious physical debilitation in the near future *or* 2) has attempted or threatened suicide and is likely to commit suicide unless treatment is given *or* 3) has mutilated or attempted to mutilate self and is likely to seriously mutilate self unless treatment is given Respondent is **dangerous to others** if 1) he or she has a) inflicted, attempted to inflict, or (in some cases) threatened to inflict, serious bodily harm on another *or* b) acted in a way that creates a substantial risk of serious harm *or* c) engaged in serious destruction of property *and* 2) there is a reasonable probability that such conduct will be repeated

Appendix II

Information Useful in Considering Whether Respondent is Mentally Ill

Behaviors

hostile vs. passive -- acting out in destructive ways vs. withdrawn, quiet, apathetic

erratic, excitable -- sensitive to slight irritation, unpredictable, agitated

combative, violent -- destructive, physically and/or verbally abusive

incontinence --poor control of urine and feces

inappropriate social judgment -- behaviors usually considered in poor taste and usually rejected or found offensive by other people

Movements

overactivity, restlessness, agitation -- parts of body in constant motion, repetitive, activity beyond reasonable level

involuntary movements -- parts of body jerk, shake or activated without apparent reason

underactivity -- immobile, stuporous, sluggish

general muscle tension -- parts of body held taut (e.g., clenched teeth), possibly small tremors, rigid posture or walking stance

Speech

overtalkative vs. mute -- constant talking vs. unresponsive, "pressure of speech"

unusual speech -- strange words, "word salad," disconnected speech

assaultive/suicidal content -- words that suggest harmful intent

Emotions

flat or inappropriate emotions -- little change in expression or expression that doesn't fit occasion (e.g., happy but angry, crying when happy)

mood swings -- dramatic changes from dejection to elation

general over apprehension --anxiety in most areas of life

depression, apathy, hopelessness -- withdrawal and minimal interest in activities of daily life

euphoric -- grandiose and unrealistic feelings, often of feeling indestructible

Thoughts

disturbed awareness -- unaware of self or others or time or place

disturbed memory --impairment of short term and/or long term memory

disturbed reasoning/judgment -- impaired logic or decisions not tied to common thinking

confused thoughts -- inconsistent and/or combination of unrelated thoughts

poor concentration and/or attention

low intellectual functioning

slow mental speed

Abnormal Mental Trends

false perceptions (hallucinations) -- experiences in visual, hearing, smelling, tasting or skin sensations without real basis

false beliefs (delusions) -- usually persecutory or grandiose thoughts without real basis

paranoid ideas -- involves suspiciousness or belief that one is persecuted or unfairly treated

body delusion -- delusion involving body functions (e.g., "my brain is rotting," a 60 year-old insisting she is pregnant)

feelings of unreality or depersonalization -- sense of own reality is temporarily lost, so body parts distorted or sensing self from a distance

repetitious behaviors/thoughts/speech

extreme fears -- especially when seriously impairing activities of daily life

Previous Evidence

psychiatric assessments or treatment

prior petitions or associated legal difficulties

Course of Disturbance

chronic

gradual onset

acute episode

Appendix III

Steps Following the Issuance of a Custody Order for Involuntary Commitment

Upon request, the magistrate or clerk of court has issued an order for custody and transportation of a person alleged to be in need of examination and treatment. This order is not an order of commitment but only authorizes the person to be evaluated and treated until a court hearing is held.

The individual making the request has filed a petition with the court for this purpose and is, therefore, called the "petitioner." The individual to be taken into custody for examination will have an opportunity to respond to the petition and is, therefore, called the "respondent." If you are taken into custody, the word "respondent," below, refers to you. G.S. 122C-261(b) requires that the petitioner and the respondent, if present, be informed of the next steps that will occur for the respondent.

1. A law enforcement officer or other person designated in the custody order must take the respondent into custody within 24 hours. If the respondent cannot be found within 24 hours, a new custody order will be required to take the respondent into custody. Custody is not for the purpose of arrest, but for the respondent's own safety and the safety of others, and to determine if the respondent is in need of treatment.
2. Without unnecessary delay after assuming custody, the law enforcement officer or other individual designated to provide transportation must take the respondent to a physician or eligible psychologist for examination.
3. The respondent must be examined as soon as possible, and in any event within 24 hours, after being presented for examination.
4. Upon examination, the physician or psychologist will recommend either outpatient commitment, inpatient commitment, substance abuse commitment, or termination of these proceedings.
    - Inpatient commitment: If the examiner finds the respondent meets the criteria for inpatient commitment, the examiner shall recommend inpatient commitment. The law enforcement officer or other designated person shall take the respondent to a 24-hour facility.
    - Outpatient commitment: If the examiner finds the respondent meets the criteria for outpatient commitment, the examiner will recommend outpatient commitment and identify the proposed outpatient treatment physician or center in the examination report. The person designated in the order to provide transportation must return the respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county. The respondent shall be released from custody.
    - Substance abuse commitment: If the examiner finds the respondent meets the criteria for substance abuse commitment, the examiner shall recommend commitment and whether the respondent should be released or held at a 24-hour facility pending a district court hearing. Based on the physician's recommendation, the law enforcement officer or other designated individual shall take respondent to a 24-hour facility or release the respondent.
    - Termination: If the examiner finds the respondent meets neither of the criteria for commitment, the respondent must be released from custody and the proceedings terminated. If the custody order was based on the finding that respondent was probably mentally ill, then the person designated in the order to provide transportation must return respondent to the respondent's regular residence or, with the respondent's consent, to the home of a consenting individual located in the originating county.
5. If inpatient treatment is recommended, the law enforcement officer transports the respondent to a designated 24 hour facility where another evaluation must be performed within 24 hours. This evaluator has the same options as indicated in step 4 above. If the evaluator determines that the respondent needs inpatient treatment, the respondent is admitted to the facility for care and treatment.
6. The inpatient treatment provider must release the respondent when in the provider’s professional opinion the respondent no longer meets commitment criteria. If the respondent is not released, the respondent will be given a hearing before a district court judge within 10 days of date respondent taken into custody. The hearing is usually held in the county where the 24-hour facility is located unless the respondent request a hearing in the county where the petition was initiated.