

**STATE OF NORTH CAROLINA**

File No.

County

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

Name And Address Of Respondent

**FINDINGS AND CUSTODY ORDER  
INVOLUNTARY COMMITMENT**

G.S. 122C-261, -263, -281, -283

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

**I. FINDINGS**

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably:

(Check all that apply)

- ☐ 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.  
☐ In addition to being mentally ill, the respondent probably is also mentally retarded.
- ☐ 2. a substance abuser and dangerous to self or others.

**CUSTODY ORDER****TO ANY LAW ENFORCEMENT OFFICER:**

The Court ORDERS you to take the above named respondent into custody

- ☐ 1. and take the respondent for examination by a person authorized by law to conduct the examination. (A COPY OF THE EXAMINER'S FINDINGS SHALL BE TRANSMITTED TO THE CLERK OF SUPERIOR COURT IMMEDIATELY.)
- IF the examiner finds that the respondent IS NOT a proper subject for involuntary commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
  - IF the examiner finds that the respondent IS mentally ill and a proper subject for outpatient commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
  - IF the examiner finds that the respondent IS mentally ill and a proper subject for inpatient commitment, then you shall transport the respondent to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing.
  - IF the examiner finds that the respondent IS a substance abuser and subject to involuntary commitment, the examiner must recommend whether the respondent be taken to a 24-hour facility or released, and then you shall either release him/her or transport the respondent to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing.
- ☐ 2. and transport the respondent directly to the 24-hour facility named below, for temporary custody, examination and treatment pending a district court hearing. (FOR PHYSICIAN/PSYCHOLOGIST PETITIONERS ONLY.)

Name Of 24-Hour Facility For Mentally Ill

Date

Or following facility designated by area authority:

Time

☐ AM ☐ PM

Name Of 24-Hour Facility For Substance Abuser

Signature

Or following facility designated by area authority:

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court  
☐ Magistrate**NOTE TO MAGISTRATE OR CLERK:**

If the respondent is mentally retarded in addition to being mentally ill, you must contact the area authority before issuing a custody order to determine the facility to which the respondent will be taken. If the area mental health authority where the respondent resides has a single portal plan, you must call the area authority to determine the appropriate 24-hour facility or other treatment before issuing any custody order.

**NOTE TO ANY LAW ENFORCEMENT OFFICER:**

You shall take the respondent into custody within 24 hours after the date this Order is signed. Without unnecessary delay after assuming custody, you shall take the respondent to an area facility for examination by a person authorized by law to conduct the examination; if an authorized examiner is not immediately available in the area facility, you shall take the respondent to any authorized examiner locally available. If an authorized examiner is not available, you may temporarily detain the respondent in an area facility if one is available; if an area facility is not available, you may detain the respondent under appropriate supervision, in the respondent's home, in a private hospital or clinic, or in a general hospital, but not in a jail or other penal facility.

**Complete the Return Of Service on the reverse and return to the Clerk of Superior Court immediately.**

**II. RETURN OF SERVICE**

☐ Respondent WAS NOT taken into custody for the following reason:

☐ I certify that this Order was received and served as follows:

Date Respondent Taken Into Custody

Time

☐ AM ☐ PM

**A. FOR USE AFTER PRELIMINARY EXAMINATION**

- ☐ 1. The respondent was presented to an authorized examiner locally available as shown below.
- ☐ 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by an authorized examiner locally available.

Date Presented

Time

☐ AM ☐ PM

Name Of Examiner

Name Of Local Facility

- ☐ 1. Upon examination, the examiner named above found that the respondent is mentally ill and meets the criteria for outpatient commitment, or is a substance abuser and meets the criteria for commitment and the examiner recommends release pending a hearing. I returned the respondent to his/her regular residence or the home of a consenting person.
- ☐ 2. Upon examination, the examiner named above found that the respondent is mentally ill and meets the criteria for inpatient commitment, or is a substance abuser and meets the criteria for commitment and the examiner recommends that the respondent be held pending the district court hearing.
- ☐ I transported the respondent and placed the respondent in the temporary custody of the facility named below for observation and treatment.
- ☐ I placed the respondent in the custody of the agency named below for transportation to the 24-hour facility.
- ☐ 3. Upon examination, the examiner named above found that the respondent did not meet the criteria for inpatient or outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person.

The examiner's written statement ☐ is attached. ☐ will be forwarded.

Name Of 24-Hour Facility

Date Delivered

Time Delivered

☐ AM  
☐ PM

Date Of Return

Name Of Transporting Agency

Signature Of Law Enforcement Official

**B. FOR USE WHEN PETITIONER IS PHYSICIAN/PSYCHOLOGIST**

- ☐ I transported the respondent directly to and placed him/her in the temporary custody of the facility named below.

Name Of 24-Hour Facility

Date Delivered

Time Delivered

☐ AM  
☐ PM

Date Of Return

Name Of Transporting Agency

Signature Of Law Enforcement Official

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

- ☐ I took custody of the respondent from the officer named above, transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of 24-Hour Facility

Date Delivered

Time Delivered

☐ AM  
☐ PM

Date Of Return

Name Of Transporting Agency

Signature Of Law Enforcement Official

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

- ☐ Pursuant to G.S. 122C-261(f), I took custody of the respondent from the state 24-hour facility named above, where he/she was not admitted, and transported the respondent and placed him/her in the temporary custody of the facility named below for observation and treatment.

Name Of Facility To Which Transferred

Date Delivered

Time Delivered

☐ AM  
☐ PM

Date Of Return

Name Of Transporting Agency

Signature Of Law Enforcement Or State Facility Official