

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

**INVOLUNTARY COMMITMENT
CUSTODY ORDER
DEFENDANT FOUND
INCAPABLE TO PROCEED**

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

FINDINGS

The respondent has been charged in File No. _____ with a criminal offense in the above named county and has been found incapable of proceeding to trial under G.S. 15A-1002.

Based on the evidence presented, the Court finds that there are reasonable grounds to believe that the respondent is probably mentally ill and either dangerous to self or others or in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness in that *(insert appropriate findings)*

In addition, the Court finds that the respondent

1. is probably mentally retarded, in that *(insert appropriate findings)*

2. is charged with a violent crime in violation of G.S. _____, in that *(insert appropriate findings)*

Notice To 24-hour Facility:

Criminal charges are still pending against the respondent. You must report to the Clerk in the above named county the condition of the defendant-respondent and the likelihood of the defendant's gaining capacity to proceed at the time of each commitment rehearing. You must also report if the defendant-respondent regains capacity to proceed or if the defendant-respondent is released. If the defendant-respondent is released, he/she must be released to the law enforcement agency named below.

Name Of Law Enforcement Agency

CUSTODY ORDER

To The Sheriff Of _____ County:

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

1. to a local physician or eligible psychologist for examination. *(Use when not charged with a violent crime.)*

2. directly to the 24-hour facility named below for temporary custody, examination and treatment pending a district court hearing. *(Use when charged with a violent crime.)*

Name And Address Of 24-Hour Facility

Date

Signature Of Judge

Or following facility designated by area authority:

Name Of Judge (Type Or Print)

NOTE: Use AOC-SP-910M for involuntary commitment if defendant found not guilty by reason of insanity.

RETURN OF SERVICE

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

Date Respondent Taken Into Custody	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM
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FOR RESPONDENT NOT CHARGED WITH VIOLENT CRIME

- 1. The respondent was presented to a physician or eligible psychologist locally available as shown below.
- 2. The respondent was temporarily detained at the facility named below until the respondent could be examined by a physician or eligible psychologist locally available.

Date Presented	Time	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Name Of Examiner (Physician Or Eligible Psychologist)
Name Of Local Facility				

- 1. Upon examination, the examiner named above found that the respondent did meet the criteria for outpatient commitment. I returned the respondent to his/her regular residence or to the home of a consenting person.
- 2. Upon examination, the examiner named above found that the respondent did meet the criteria for inpatient commitment.
 - I transported the respondent and placed the respondent in the temporary custody of the 24-hour 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	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency	Signature Of Law Enforcement Official				

FOR RESPONDENT CHARGED WITH VIOLENT CRIME

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

Name Of 24-Hour Facility	Date Delivered	Time Delivered	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency	Signature Of Law Enforcement Official				

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	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency	Signature And Rank Of Law Enforcement Official				

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	<input type="checkbox"/> AM	<input type="checkbox"/> PM	Date Of Return
Name Of Transporting Agency	Signature Of Law Enforcement Or State Facility Official				