

_____ County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name And Address Of Respondent

**ORDER TO APPEAR
AT SUPPLEMENTAL HEARING
FOR INVOLUNTARY COMMITMENT**

G.S. 122C-274, -277, -290, -291

ORDER TO RESPONDENT NAMED ABOVE

You are now under a commitment order.

- 1. It has been alleged that you have clearly refused to comply with the treatment prescribed for you under an outpatient commitment order.
- 2. It has been alleged that you intend to move to another county within the State of North Carolina and are in need of further treatment at your new residence.
- 3. You have been committed as a substance abuser, and it has been alleged that you need to be held in a 24-hour facility for longer than forty-five (45) consecutive days.
- 4. You have been committed after being charged with a violent crime and were found not guilty by reason of insanity or incapable of proceeding. The physician now treating you has determined that you do not need further treatment, but you may not be released without a hearing.
- 5. The physician now treating you at the inpatient facility where you are being held has determined that you meet the criteria for outpatient commitment.
- 6. You have requested a hearing to determine whether you should be discharged.

You are ORDERED to appear before a district court judge at the date, time and location indicated below. At that hearing, it will be determined whether your commitment will be continued or modified, or whether you will be discharged.

At the hearing you will be allowed to present evidence. You may hire an attorney to represent you. If you cannot afford to hire an attorney and have been committed as a substance abuser, an attorney will be appointed for you. If you have been committed to outpatient commitment, you may ask the judge to appoint an attorney for you. Based on the facts in the particular case, the judge may appoint one for you.

<i>Date Of Hearing</i>	<i>Time Of Hearing</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date</i>	<i>Signature</i>
<i>Location of Hearing</i>		<input type="checkbox"/> <i>Assistant CSC</i>	<input type="checkbox"/> <i>Clerk Of Superior Court</i>

NOTE TO CLERK: *In addition to service on the respondent, this ORDER must be mailed to the petitioner (unless the petitioner waived his/her right to notice), the designated treatment center or physician and the respondent's counsel, if any, by first-class mail at least seventy-two (72) hours before the hearing. (If respondent was committed as a substance abuser, counsel appointed at the initial hearing remains responsible for representation.)*

TO PETITIONER-ATTORNEY-TREATMENT CENTER

This ORDER to the respondent is sent to you to give you notice of the hearing described above.

<i>Name And Address Of Attorney For Respondent</i>	<i>Name And Address Of Petitioner</i>
<i>Name And Address Of Treatment Center Or Physician</i>	

NOTICE TO SHERIFF

This Notice must be served on the respondent personally at least seventy-two (72) hours before the hearing.

RETURN OF SERVICE

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

<i>Date Served</i>	<i>Time Served</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Respondent</i>
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- By delivering to the respondent named above a copy of this Order.
- Respondent WAS NOT served for the following reason:

<i>Date Received</i>	<i>Date Returned</i>	<i>Signature Of Deputy Sheriff Making Return</i>
		<i>Name Of Deputy Sheriff Making Return (Type Or Print)</i>
		<i>County Of Sheriff</i>

CLERK'S CERTIFICATION OF SERVICE

I certify that I have mailed a copy of this Order to the following, whose names and addresses are shown on the front of this form:

- petitioner
- treatment center/physician
- respondent's attorney

<i>Date</i>	<i>Signature</i>	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court
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