

STATE OF NORTH CAROLINA

File No. _____
CountyIn The General Court Of Justice
District Court Division**IN THE MATTER OF:**

Name And Current Address Of Respondent

**REQUEST FOR TRANSPORTATION ORDER
AND ORDER
(OUTPATIENT FAILS BUT DOES NOT CLEARLY
REFUSE TO COMPLY WITH TREATMENT)**

G.S. 122C-273(a)(2)

Date Of Outpatient Commitment Order

Transport To (Name And Address Of Physician Or Center)

Date Period Of Commitment Expires

NOTE: Use this form only when (1) an Outpatient Commitment Order has been entered after a hearing in district court; (2) the respondent has failed, but has not clearly refused, to comply with all or part of the prescribed treatment, and (3) the respondent is to be taken to a physician or outpatient treatment center for examination. **DO NOT** use this form when the respondent has clearly refused to comply; instead use "Request For Supplemental Hearing (Outpatient Fails Or Clearly Refuses To Comply With Treatment)," AOC-SP-221. Other transportation orders are: "Notice Of Need For Transportation Order (From One 24-Hour Facility To Another)," AOC-SP-222; "Request For Transportation Order And Order (Committed Substance Abuser Fails To Comply Or Is Discharged From 24-Hour Facility)," AOC-SP-223; Request For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination), AOC-SP-224.

REQUEST

The outpatient physician, physician's designee or outpatient treatment center named below requests that the Clerk of Superior Court enter an order pursuant to G.S. 122C-273(a)(2) to take the Respondent named above into custody and to take the Respondent immediately to the outpatient treatment physician or center specified above for examination. In support of this request the undersigned states:

1. An Outpatient Commitment Order was entered in this proceeding on the date shown above and the Respondent was ordered to comply with prescribed treatment. The period of outpatient commitment has not expired.
2. The Respondent has failed to comply, but does not clearly refuse to comply, with all or part of the prescribed treatment after reasonable efforts to solicit compliance, in that (*Summarize facts showing failure to comply and reasonable efforts to solicit compliance*):

Date

Signature Of Physician, Physician's Designee Or Representative Of Center

Name Of Physician Or Center (Type Or Print)

Name Of Person Signing Request (Type Or Print)

- Physician
 Physician's Designee
 Representative Of Center (Title)

ORDER**TO ANY LAW ENFORCEMENT OFFICER:**

You are ORDERED to take the Respondent into custody, take the Respondent immediately to the specified outpatient treatment physician or center and turn the Respondent over to the custody of that physician or center.

Date

Signature

- Clerk Of Superior Court
 Assistant Clerk Of Superior Court

NOTE: See Side Two for Officer's Return.

AOC-SP-220, New 7/04

© 2004 Administrative Office of the Courts

OFFICER'S RETURN

*Respondent Taken Into Custody
Date*

Time

AM PM

*Respondent Turned Over To Physician Or Center
Date*

Time

AM PM

On the date and time shown above, I took the Respondent into custody. I took the Respondent immediately to the specified outpatient treatment physician or center and turned the Respondent over to the custody of that physician or center.

I DID NOT take the Respondent named above into custody because:

Date Of Return

Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return

Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)

County Of Sheriff Or City Of Law Enforcement Officer