

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Superior Court Division

IN THE MATTER OF

Name And Address Of Respondent

Date Of Birth\*

Race\*

Sex\*

\*Date of birth, race, and sex are collected so that this information may be transmitted to NICS in the event of a qualifying finding under G.S. 14-409.43(a)(5).

INVOLUNTARY COMMITMENT
CUSTODY ORDER
DEFENDANT FOUND
INCAPABLE TO PROCEED
(For Offenses Committed On Or Before Nov. 30, 2013)

G.S. 15A-1003, -1004; 122C-261, -262, -263

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

No Yes: (explain)

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. The Court considered the opinion of (name of forensic evaluator) in the report dated (list date of report) as evidence of incapacity to proceed. A copy of the evaluator's report is attached.

Based on the evidence presented, the Court finds that there are reasonable grounds to believe that the respondent probably has a mental illness and is 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. probably has an intellectual disability, in that (insert appropriate findings)

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

NOTE TO JUDGE: If this finding is made, you must designate a law enforcement agency below to take custody of the defendant upon release from treatment.

ORDER

To The Sheriff Of County:

- 1. The Court ORDERS you to take the above named respondent into custody and transport the respondent:
a. to a local person authorized by law to conduct an examination, for examination. (Use when not charged with a violent crime.)
b. 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.)

2. The Court further ORDERS that you deliver a copy of the forensic evaluation report referenced in the Findings above, by the forensic evaluator named above, to the 24-hour facility named below.

To The Director Of The 24-Hour Facility Named Below:

The Court ORDERS you to deliver a copy of the forensic evaluation report referenced above to the Assistant Attorney General and the Special Counsel at the program where the respondent is to receive capacity restoration and that report is ordered released to them.

Notice To Hospital, Institution, 24-Hour Facility:

Criminal charges still are 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

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-910 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:

<i>Date Respondent Taken Into Custody</i>	<i>Time</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM
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**A. FOR USE WHEN RESPONDENT NOT CHARGED WITH VIOLENT CRIME**

- 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.

<i>Date Presented</i>	<i>Time</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Name Of Examiner</i>
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*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.
- 4. The examiner's written statement  is attached.  will be forwarded.

<i>Name Of 24-Hour Facility</i>	<i>Date Delivered</i>	<i>Time Delivered</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date Of Return</i>
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<i>Name Of Transporting Agency</i>	<i>Signature Of Law Enforcement Official</i>
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**B. FOR USE WHEN RESPONDENT CHARGED WITH VIOLENT CRIME**

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

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

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

<i>Name Of Facility To Which Transferred</i>	<i>Date Delivered</i>	<i>Time Delivered</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Date Of Return</i>
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<i>Name Of Transporting Agency</i>	<i>Signature Of Law Enforcement Or State Facility Official</i>
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**CERTIFICATION**

I certify that this Involuntary Commitment Custody Order Defendant Found Incapable To Proceed is a true and complete copy of the original on file in this case.

<i>Date</i>	<i>Name (type or print)</i>	<i>Signature</i>	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Asst. CSC <input type="checkbox"/> Clerk Of Superior Court	<b>SEAL</b>
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