STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Use Services

County _____
Client Record # _____
File # _____

SUPPLMENT TO FIRST EXAMINATION FOR INVOLUNTARY COMMITMENT

CERTIFICATE

To be used in addition to *First Examination for Involuntary Commitment*, Form 5-72-19

The Respondent, _____ requires immediate hospitalization to prevent harm to self or others because:

I certify based upon my examination of the Respondent, which is attached hereto, the Respondent is (check all that apply)

- ☐ **Mentally ill and dangerous to self**
- ☐ **Mentally ill and dangerous to others**
- ☐ **In addition to being mentally ill, has an intellectual disability**

_____
Signature of Commitment Examiner

_____
Print Name of Commitment Examiner, Date and Time

Credentials *(check one):* ☐ MD/DO ☐ Eligible Psychologist ☐ PA ☐ NP *(Master's-level or Higher)* ☐ LCSW ☐ LCMHC ☐ LMFT ☐ LCAS *(Substance Abuse Evaluation Only)*

_____
Name of Current Facility

_____
Address, City, State

_____
Telephone Number

_____
Name of 24-Hour Facility

_____
Address, City, State of 24-Hour Facility

_____
Telephone Number of 24-Hour Facility

CC: 24-hour facility
Clerk of Court in county of receiving 24-hour facility

Note: If it cannot be reasonably anticipated that the clerk will receive the copy within 24 hours (excluding Saturday, Sunday and holidays) of the time that it was signed, the commitment examiner shall also communicate the findings to the clerk by telephone.

Seal

NORTH CAROLINA
_____ County

Sworn to and subscribed before me this

_____ day of _____, 20___

_____
Signature of Notary Public

_____
Printed Name of Notary Public

My commission expires: _____

Pursuant to G.S. 122C-262(d), this certificate *shall serve as the Custody Order* and the law enforcement officer or other authorized person *shall* provide transportation to a 24-hr. facility in accordance with G.S. 122C-251.

TO Authorized Transportation: See back side for Return of Service

RETURN OF SERVICE	
☐ **Respondent WAS NOT taken into custody for the following reason:**	
☐ **I certify that his Order was received and served as follows:**	
Date and Time Respondent was Taken into Custody on _____ /_____ /_____ *(MM/DD/YYYY)* at _____:_____ ☐ A.M. ☐ P.M.	
Name of 24-Hour Facility	
Date and Time Respondent was Delivered to Facility _____ /_____ /_____ *(MM/DD/YYYY)* at _____:_____ ☐ A.M. ☐ P.M.	**Date of Return** _____/_____/_____ *(MM/DD/ YYYY)*
Name of Transporting Agency	**Signature of Transporter**