

SUPPLEMENT TO SUPPORT IMMEDIATE HOSPITALIZATION

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 24-Hour Facility

Address, City, State of 24-Hour Facility

Telephone Number of 24-Hour Facility

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* required to obtain physical custody and provide transportation as necessary to a 24-hr. facility in accordance with G.S. 122C-251.

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