1	(Sherif	f or other Law Enforcem	nent Officer)	(Facility, Lo	cation)		
lame			Also Known As	Facility L	icense #	SS#	
Address (Street, Apt., Route, or Box Number; City, Sta			ate, Zip - Use Facility Address after 1 Year in Facility)		County		
					Admit D	ate	
This is to motify	41 41	ah a	t from Occupt.				
Escaped on			t from County condition of release on				
-							
he patient is:		oluntary commitment	ged with a violent crime and fou	and not quilty by reason	of incanity	(NGPI) or incapal	
		of proceeding	ged with a violent crime and loc	ind not guilty by reason	Of IllSaffity	(NGKI) OI IIICapai	
			idmitted and in my opinion it is	rassonahly forasaaahla	that		
			ause physical harm to self or ot		llial		
			ause damage to property,	11613,			
			ommit a felony or a violent miso	lemeanor or			
			of this individual may be endang		returned to	`	
		the facility	in this marriadar may be chading	gerea ii riot iiriiriealately	rotarrioa te	,	
		r incompetent adult v	oluntarily admitted				
		pending a judicial hea					
		nditional release from					
			ntarily admitted and under a DI	ETAINER issued by			
atient was last	t seen:	Date:	Time:	Wearing:			
ocation:			-	J			
Activity Area		Clinic	Dining Room	Gym	V	ork Activity	
Activity Trip		Courtroom	Elevator	Hallway	Unknown		
Bathroom			Grill/Canteen	Medical Transpor			
Bedroom		Dayroom	Grounds	Stairway			
"*Note*** Is th	e above-nar	ned patient to be take	en into custody and returned to	the above-named facilit	y pursuant	to G.S 122C-205	
Yes	s No	(see reve	erse for instructions)				
PATIENT IDEN	TIFYING IN	FORMATION					
ace s	Sex/Gender	Place of Birth	h (state) Date of Birth	Age Height	Weigh	t	
tace;	Sex/Gender Hair C	Place of Birth	h (state) Date of Birth	Age Height _ Scars/Marks	Weigh	t	
ye Color	Sex/Gender Hair C	Place of Birth olor Hair S	h (state) Date of Birth Style Skin Tone	Age Height _ Scars/Marks Other Distinguishing I	Weigh s/Tattoos _ Features	t	
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Official placing patient on detainer

Next of kin/legally Responsible Party

HIM (original copy)

LME-MCO (if appropriate)

Initial examiner if involuntarily committed

Nursing Staff:

Clerk of Superior Court in county of commitment

Risk Management Coordinator

Any law enforcement office notified

Instructions for Completion of Request to Return Form

- Items in **Bold Print** are items that are required to be completed.
- Must indicate **Yes** or **No** if a warrant is to be issued pursuant to **G.S. 122C-205**
 - o Yes if a warrant to return the patient is to be issued
 - o **No** if the patient is discharged or a warrant is not issued for patient's return
- FOR STATE-OPERATED FACILITIES: If a warrant is not issued or the patient is discharged, this form must be completed and faxed to the Risk Management Coordinator (per policy S.C.P.M. U-1)