REQUEST TO RETURN ESCAPEE OR CONDITIONAL RELEASEE

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Bathroom Bedroom ***Note*** Is the a		Courtroom			Lallera			/ork Activity
Bedroom ***Note*** Is the a		Courtward		Elevator	Hallwa	iy	U	nknown
Bedroom ***Note*** Is the a		Countyaru		Grill/Canteen		al Transport	0	ther
		Dayroom		Grounds	Stairwa			
	bove-nam		ken into	custody and returned t			pursuant	to G.S 122C-205
Yes	No	(see re	everse fo	or instructions)		-	-	
PATIENT IDENTIF	YING INF	ORMATION						
			irth (stat	e) Date of Birth	Ade	Height	Weigh	t
Eve Color	Hair Co	lor Hair	r Style	e) Date of Birth Skin Tone _		Scars/Marks/	Tattoos	•
Facial Features		Build	- e.j.e _	Gait	Other Dist	inauishina Fe	atures	
Dangerous to Othe								
Avoids People?	No Yes	Medical Condition	ons/Impa	irments				
Needs Further Tre	atment?	Yes No Was	dischar	ge planned within 5 d	ays of elopen	nent? No	Yes (wh	nen)
ADDITIONAL INFO								
			aned Ur	nit Cer	sus Count	# of Staff	on Duty:	1
# of Staff Present	ls t	his a reneat elone	ment for	hit Cer this admission? No	Yes (list oth	er dates)	on Duty.	
evel of supervisic	n at time o	felonement . Un	supervis	sed Pass (type/length)	100 (101 011	lor datoo)	Supervis	sed Pass
Escape Precaut	ions 1.1	Observation Co	onstant (Observation Suicide	Precautions		Oupervic	500 1 055
egally Responsib	le Person/	Next of Kin/Guardi	ian [.]		ricoddiono	Relations	hin	
Address:			ian	Co	ounty:	P	hone:	
Driver License #		Issuing State:	Da	conte of Expiration:	Patient has ve	ehicle at host	oital? Y	′es No
Vehicle License #		Vehicle Make & I	Model			Vehicle Co	lor	
Locations where p	atient has	been found when	missina	from unit:				
Additional informat	tion that is	reasonably neces	sary to a	assure the expeditious i	eturn of the pa	atient and pro	otect the p	batient and/or the
general public (inc	luding pos	sible locations and	contact	s):	·	•		
Account of Events	:			•				
Signatur	re of Autho	rizing Physician		Pr	nted Name			Date
DISTRIBUTION W								
	HIM (origin	al copy) (if appropriate)		Official placing patient on Next of kin/legally Resp				nent Coordinator cement office notif

Initial examiner if involuntarily committed

Clerk of Superior Court in county of commitment

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
 - **Yes** if a warrant to return the patient is to be issued
 - **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)