SUPPLEMENT TO SUPPORT IMMEDIATE HOSPITALIZATION (To be used in addition to "Examination and Recommendation for Involuntary Commitment, Form 572-01)

CERTIFICATE

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

e Respondent is (encek un that appiy).

- □ Mentally ill and dangerous to self
- □ Mentally ill and dangerous to others
- \Box In addition to being mentally ill, is also mentally retarded

| Signature o | f Physician or Eligible Psychologist |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address: City State Zip: Telephone: | |
| Date/Time: | |
| Name of 24-hour facility: Address of 24-hour facility: | |
| | NORTH CAROLINA County Sworn to and subscribed before me this |
| CC: 24-hour facility Clerk of Court in county of 24-hour facility | day of, 20 |
| 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 physician or eligible | (seal) |
| psychologist shall also communicate the findings to the clerk by telephone. | Notary Public |
| | My commission expires: |
| | Pursuant to G.S. 122C-262 (d), this certificate <i>shall serve as the Custody Order</i> and the law enforcement officer or other person <i>shall</i> provide transportation to a 24-hr. facility in accordance with G.S. 122C-251. |

TO LAW ENFORCEMENT: See back side for Return of Service

| RETURN | OF SERVICE | | | | |
|-------------------------------------------------------------------|-----------------------|-------------------|--|-------------------|--|
| □ Respondent WAS NOT taken into custody for the following reason: | | | | | |
| □ I certify that this Order was received and served as follows: | | | | | |
| Date Respondent Taken into Custody | Time | | |] AM] PM | |
| Name of 24-Hour Facility | Date Delivered | | | Date of Return | |
| Name of Transporting Agency | Signature of Law Enfo | brcement Official | | | |