

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

CERTIFICATE

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

I certify that 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, is also mentally retarded

Signature of Physician or Eligible Psychologist

Address: _____

City State Zip: _____

Telephone: _____

Date/Time: _____

NORTH CAROLINA

_____ County
Sworn to and subscribed before me this
_____ day of _____, 20__

(seal)

Notary Public

My commission expires: _____

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