

County \_\_\_\_\_

Client Record # \_\_\_\_\_

File # \_\_\_\_\_

# SUPPLEMENT TO FIRST EXAMINATION FOR INVOLUNTARY COMMITMENT

## 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

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

**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.