STATE OF NORTH CAROLINA

Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services

County	
Client Record #	
File #	

SUPPLMENT TO FIRST EXAMINATION FOR INVOLUNTARY **COMMITMENT**

CERTIFICATE

To be used in addition to First Examination for Involuntary Commitment, Form 5-72-19

The Responde hospitalization	nt, to prevent harm to	self or others be	ecause:		requires imm	ediate
I certify based ι	upon my examinat	ion of the Respon	ndent, which is attached	d hereto, the Respond	lent is (check	all that apply)
		ill and dangerous				
		ill and dangerous on to being menta	s to others ally ill, has an intellectua	al disability		
Signature of Commitment Examiner						
Credentials (check one): MD/D		ne of Commitment Examiner, chologist $\ \square$ PA $\ \square$ NP (□ LCSW □	LCMHC □ LMFT
			CAS (Substance Abuse Eval	uation Only)		
	-				-	
			Name of 24-Hour Facilit	y		
Address, City, State of 24-Hour Facility						
	-	Tele	ephone Number of 24-Hour I	Facility	-	
		. 6	op		RTH CAROLI	NA
CC: 24-hour f	acility		7			_ County
Clerk of Court in county of 24-hour facility				Sworn to and sub		
	not be reasonably ant ive the copy within 24			day o	f	, 20
	nday and holidays) of ommitment examiner s			Signature	of Notary Public	
communicate	the findings to the cle	rk by telephone.		Olgriature	or Notary 1 ubile	
		٦	Printed name of Notary Public			
Seal			My commission expires: Pursuant to G.S. 122C-262 (d), this certificate <i>shall serve</i> as			
				the Custody Order requi	red to obtain phy	sical custody and

accordance with G.S. 122C-251.