STATE OF NORTH CAROLINA
Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

**NOTICE OF COMMITMENT CHANGE**

Facility Name: _____ File #:_____
Film #:_____
Facility Address: _____ (Physical location) _____

IN THE MATTER OF: Respondent's Name:_____

Client Record Number: _____

Unit/Building/Ward (When Applicable): _____
Date of ☐ Inpatient ☐ Outpatient ☐ Substance Abuse Commitment_____

TO: Clerk of Superior Court, _____ County

This is to certify that the commitment status of the above-named respondent has changed due to the following:

☐The respondent is no longer in need of inpatient hospitalization and is unconditionally discharged on _____(date).

☐The respondent no longer meets the criteria for ☐ outpatient ☐ substance abuse commitment and is discharged on _____. (Date)

☐The respondent is no longer in need of inpatient treatment and is conditionally released on _____(date) to be followed by unconditional discharge on _____(date).

Conditions of release are: _____

☐The respondent ☐ escaped ☐ breached conditions of release on _____(date); and is discharged from unauthorized absence on _____ (date).

☐The respondent or legally responsible person signed a consent for voluntary treatment on _____(date).

☐The respondent was admitted as a voluntary minor and has turned 18 years of age. The respondent signed a consent for voluntary treatment on _____ (date).

☐The respondent was admitted to a 24-hour facility on an involuntary basis on _____ (date). Therefore, outpatient commitment is terminated.

☐The respondent has moved to another state or location of respondent is unknown so commitment is terminated on _____(date).

☐The respondent is no longer in need of inpatient treatment. The respondent is released from inpatient commitment and is committed by the court to outpatient treatment for _____ days on _____(date). The respondent was discharged from the 24-hour facility on _____(date).

☐The respondent is on a split commitment and is no longer in need of inpatient treatment. The respondent is released from inpatient hospitalization and is committed to outpatient treatment for _____ days on _____ (date).

☐The respondent was transferred to _____ in _____ County on _____(date).

☐The respondent expired on _____ (date).

☐Other (Specify):_____

_____ _____
**Signature/Title** **Date**

NOTE: If current status is Inpatient Commitment, signature must be that of Attending Physician.
If current status is Outpatient or Substance Abuse Commitment, signature must be that of Responsible Professional.

Original: Clerk of Superior Court where petition initiated _____ (date). (Specify: _____)
Copy: Clerk of Superior Court where facility located _____(date).
Clerk of Superior Court where outpatient or substance abuse commitment supervised _____ (date).
(Specify: _____).
Medical Record
Respondent and State's Attorney _____ (date).
Designated outpatient treatment center or physician _____ (Date).(Specify_____)