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 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	(seal)
time that it was signed, the physician or eligible 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		ам 🗆 рм 🗆	Date of Return	
Name of Transporting Agency	Signature of Law Enfo	rcement Official			