

**STATE OF NORTH CAROLINA**

File No.

County

In The General Court Of Justice  
District Court Division

**IN THE MATTER OF:**

Name And Current Address Of Respondent

**REQUEST FOR TRANSPORTATION ORDER  
AND ORDER  
(OUTPATIENT FAILS TO APPEAR FOR PREHEARING  
EXAMINATION)**

G.S. 122C-265(a); 122C-263(f)

Date Of First Examination

Name Of Examining Physician Or Eligible Psychologist

Date Of Missed Appointment

Name And Address Of Proposed Outpatient Treatment Physician Or Center

Time Of Missed Appointment

AM  PM

**NOTE:** Use this form only when (1) a physician or eligible psychologist has conducted a first examination at the initiation of an involuntary commitment proceeding and has recommended outpatient treatment, (2) no hearing has yet been held in district court, (3) the physician or eligible psychologist has scheduled an appointment for the Respondent with a proposed outpatient treatment physician or center and has provided the Respondent with written notice of the appointment, and (4) the Respondent has failed to keep the appointment. Other transportation orders are: Request For Transportation Order And Order (Outpatient Fails But Does Not Clearly Refuse To Comply With Treatment), "AOC-SP-220; "Notice Of Need For Transportation Order And Order (Outpatient Fails To Appear For Prehearing Examination)," AOC-SP-221; "Request For Transportation Order And Order (Committed Substance Abuser Fails To Comply With Treatment Or Is Discharged From 24-Hour Facility)," AOC-SP-223.

**REQUEST**

The proposed outpatient treatment physician or center named below requests that the Clerk of Superior Court enter an order, pursuant to G.S. 122C-265(a), to take the Respondent named above into custody and to take the Respondent to the outpatient treatment physician or center specified above for examination. In support of this request, the undersigned notifies the Clerk that:

1. The physician or eligible psychologist named above has conducted the first examination provided for in G.S. 122C-263 and has recommended outpatient treatment; no hearing has yet been held in district court.
2. The physician or eligible psychologist scheduled an appointment for the Respondent with the proposed outpatient treatment physician or center named above for the date and time shown above, and provided the Respondent with written notice of the appointment and of the name, address and phone number of that physician or center.
3. The examining physician or eligible psychologist is different from the proposed outpatient treatment physician or center.
4. The Respondent failed to appear for examination at the scheduled date and time.

Date

Signature Of Proposed Outpatient Treatment Physician Or Representative Of Center

Physician

Name Of Proposed Outpatient Treatment Physician Or Center (Type Or Print)

Representative Of Center (Title)

**ORDER**

**TO ANY LAW ENFORCEMENT OFFICER:**

You are ORDERED to take the Respondent named above into custody, take the Respondent immediately to the proposed outpatient treatment physician or center specified above and turn the Respondent over to the custody of that physician or center.

Date

Signature

Clerk Of Superior Court

Assistant Clerk Of Superior Court

**NOTE:** See Side Two for Officer's Return.

**OFFICER'S RETURN**

<i>Respondent Taken Into Custody Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Respondent Turned Over To Physician Or Center Date</i>	<i>Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM
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- On the date and time shown above, I took the Respondent into custody. I took the Respondent immediately to the specified outpatient treatment physician or center and turned the Respondent over to the custody of that physician or center.
- I DID NOT take the Respondent named above into custody because:

<i>Date Of Return</i>	<i>Signature Of Deputy Sheriff Or Law Enforcement Officer Making Return</i>
	<i>Name Of Deputy Sheriff Or Law Enforcement Officer Making Return (Type Or Print)</i>
	<i>County Of Sheriff Or City Of Law Enforcement Officer</i>