

STATE OF NORTH CAROLINA

File No.

County

In The General Court Of Justice
District Court Division

IN THE MATTER OF:

Name, Address And Zip Code Of Respondent

AFFIDAVIT AND PETITION FOR INVOLUNTARY COMMITMENT

G.S. 122C-261, 122C-281

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

I, the undersigned affiant, being first duly sworn, and having sufficient knowledge to believe that the respondent is a proper subject for involuntary commitment, allege that the respondent is a resident of, or can be found in the above named county, and is:

(Check all that apply)

- 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness.
in addition to being mentally ill, respondent is also mentally retarded.
2. a substance abuser and dangerous to self or others.

The facts upon which this opinion is based are as follows: (State facts, not conclusions, to support ALL blocks checked.)

Name, Address And Zip Code Of Nearest Relative Or Guardian

Name, Address And Zip Code Of Other Person Who May Testify To Facts

Home Telephone No.

Business Telephone No.

Home Telephone No.

Business Telephone No.

Petitioner requests the court to issue an order to a law enforcement officer to take the respondent into custody for examination by a person authorized by law to conduct the examination for the purpose of determining if the respondent should be involuntarily committed.

SWORN AND SUBSCRIBED TO BEFORE ME

Signature Of Petitioner

Date

Name, Address And Zip Code Of Petitioner (Type Or Print)

Signature

- Deputy CSC
Assistant CSC
Clerk Of Superior Court
Magistrate
Notary (use only with physician or psychologist petitioner)

Relationship To Respondent

Date Notary Commission Expires

Home Telephone No.

Business Telephone No.

SEAL

**PETITIONER'S WAIVER OF NOTICE OF HEARING**

I voluntarily waive my right to notice of all hearings and rehearings in which the Court may commit the respondent or extend the respondent's commitment period, or discharge the respondent from the treatment facility.

*Signature Of Witness*

*Date*

*Signature Of Petitioner*