

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name And Address Of Respondent

Name And Address Of Attorney For Respondent

**APPOINTMENT OF COUNSEL AND
NOTICE OF HEARING/REHEARING
VOLUNTARY ADMISSION OF MINOR**

G.S. 122C-224.1

To The Attorney For Respondent Named Above:

The respondent named above has been admitted to a 24-hour facility as a minor who is mentally ill or a substance abuser and is in need of treatment and is entitled to the appointment of counsel.

You are appointed as the attorney to represent the respondent in this matter.

A hearing will be held before a district court judge at the date, time and place indicated below. At that hearing it will be determined whether the Court concurs in the admission/readmission and whether the respondent's admission will be continued.

Date Of Hearing

Time

AM

PM

Place Of Hearing

I certify that I have mailed copies of this Notice by first class mail at least 72 hours before the hearing to the persons whose name and address are listed below:

Name And Address Of Respondent's Legally Responsible Person

Name And Address Of Responsible Professional At 24-hour Facility

Date

Signature

Assistant CSC

Clerk Of Superior Court

RETURN OF SERVICE

NOTE TO SHERIFF: This Notice must be served on the respondent's attorney at least seventy-two (72) hours before the hearing.

I certify this Notice was received and served on the respondent as follows:

Date Served

Name Of Respondent's Attorney

- By delivering to the respondent's attorney a copy of this Notice.
- By leaving a copy of this Notice at the dwelling house or usual place of abode of the respondent's attorney with a person of suitable age and discretion residing therein.

Name And Address Of Person With Whom Copy Left

Respondent's Attorney WAS NOT served for the following reason:

Date Received

Date Returned

Name Of Sheriff

County

Deputy Sheriff Making Return