



## AH Behavioral Health Charlotte

501 Billingsley Road

Charlotte, NC 28211-

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Admit Date: 4/22/2019 03:35 EDT  
Disch Date: 4/24/2019 12:30 EDT  
Admitting: MORCIGLIO ,APRIL HARRELL MD  
Attending: MORCIGLIO ,APRIL HARRELL MD  
Printed: 1/22/2020 16:31 EST

Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6437633200  
DOB: 11/1/1980 Age: 38 years Sex: Male  
Location: OUH  
Print ID: 347553371

## Legal

Admit Date: 4/22/2019 03:35 EDT  
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Pt Name: WILLIAMS III, LEONARD CLINTON  
MRN: 0000642066 Acct#: 6437633200  
DOB: 11/1/1980 Age: 38 years Sex: Male  
Location: OUH  
Print ID: 347553371

## STATE OF NORTH CAROLINA

File No.

MECKLENBURG

County

In The General Court Of Justice  
District Court Division

## IN THE MATTER OF:

Name And Address Of Respondent

LEONARD CLINTON WILLIAMS III

15005 FOURTH RD SE  
TO: CMG-RANDOLPH:501 BILLINGSLEY RD

CHARLOTTE

NC 28211

FINDINGS AND CUSTODY ORDER  
INVOLUNTARY COMMITMENT

(PETITIONER APPEARS BEFORE MAGISTRATE OR CLERK)

G.S. 122C-252, -261, -263, -281, -283.

Social Security No. Of Respondent

Date Of Birth

Drivers License No. Of Respondent

State

11/01/1980

## I. FINDINGS

The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent is probably:

(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, the respondent probably is also mentally retarded. (If this finding is made, see G.S. 122C-261(b) and (d) for special instructions.)
- ☐ 2. a substance abuser and dangerous to self or others.

## II. CUSTODY ORDER

## TO ANY LAW ENFORCEMENT OFFICER:

The Court ORDERS you to take the above named respondent into custody **WITHIN 24 HOURS AFTER THIS ORDER IS SIGNED** and take the respondent for examination by a person authorized by law to conduct the examination. (A COPY OF THE EXAMINER'S FINDINGS SHALL BE TRANSMITTED TO THE CLERK OF SUPERIOR COURT IMMEDIATELY.)

- ➔ IF the examiner finds that the respondent IS NOT a proper subject for involuntary commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
- ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for outpatient commitment, then you shall take the respondent home or to a consenting person's home in the originating county and release him/her.
- ➔ IF the examiner finds that the respondent IS mentally ill and a proper subject for inpatient commitment, then you shall transport the respondent to a 24-hour facility designated by the State for the custody and treatment of involuntary clients and present the respondent for custody, examination and treatment pending a district court hearing.
- ➔ IF the examiner finds that the respondent IS a substance abuser and subject to involuntary commitment, the examiner must recommend whether the respondent be taken to a 24-hour facility or released, and then you shall either release him/her or transport the respondent to a 24-hour facility designated by the State for the custody and treatment of involuntary clients and present the respondent for custody, examination and treatment pending a district court hearing.

Date

Time

☐ AM☒ PM

Signature

F. Wilson

☐ Deputy CSC☐ CSC☐ Assistant CSC☒ Magistrate

This Order is valid throughout the State. If the respondent is taken into custody, this Order is valid for seven (7) days from the date and time of issuance.

## III. RETURN OF SERVICE

## A. CUSTODY CERTIFICATION

☐ Respondent WAS NOT taken into custody for the following reason:☒ I certify that this Order was received and respondent served and taken into custody as follows:

Date Respondent Taken Into Custody

04/21/2019

Time

11:43

☐ AM☒ PM

Name Of Law Enforcement Officer (Type Or Print):

C. D'Avanzo

Signature Of Law Enforcement Officer

[Signature]

Name Of Law Enforcement Agency

CMPD

Badge No. Of Officer

5504

**NOTE TO LAW ENFORCEMENT OFFICER:** If respondent is not taken into custody within 24 hours after this Order is signed, check the appropriate box above and return to the Clerk of Superior Court immediately. If respondent is served and taken into custody, complete return of service on the reverse. When taking respondent into custody you must inform him or her that he or she is not under arrest and has not committed a crime, but is being transported to receive treatment and for his or her own safety and that of others.

Original-File Copy-24-Hr

WILLIAMS, LEONARD CLINT\*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC\*



AOC-SP-302A, New 11/12

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L. WILLIAMS

WILSON

**B. PATIENT DELIVERY TO FIRST EXAMINATION SITE**

The respondent was presented to an authorized examiner as shown below:

Date Presented 04/21/2019	Time 11:43 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Name Of Examiner (Type Or Print) Silver
Name Of Examining Facility CMC Billingsly	County Of Examining Facility Mecklenburg	
Name Of Law Enforcement Officer (Type Or Print) C. O. Alvarez	Signature Of Law Enforcement Officer <i>[Signature]</i>	
Name Of Law Enforcement Agency CMPD	Badge No. Of Officer 5504	

**C. FOR USE WHEN TRANSPORTING AFTER FIRST EXAMINATION: PATIENT RELEASED OR DELIVERED TO 24-HOUR FACILITY**


- ☐ 1. The examiner found that the respondent does not meet the commitment criteria, or meets the criteria for outpatient commitment, or meets the criteria for substance abuse commitment and should be released pending a hearing. I returned respondent to his/her regular residence or the home of a consenting person and released respondent from custody.
- ☐ 2. The examiner found that the respondent is mentally ill and meets the criteria for inpatient commitment, or meets the criteria for substance abuse commitment and should be held pending a district court hearing. I transported and placed the respondent in the custody of the 24-hour facility named below for observation and treatment.

Name Of 24-Hour Facility	County Of 24-Hour Facility
--------------------------	----------------------------

- ☐ 3. Respondent was temporarily detained under appropriate supervision at the site of first examination because the first examiner recommended inpatient commitment and a 24-hour facility was not immediately available or medically appropriate. Upon further examination, an examiner determined that the respondent no longer meets inpatient commitment criteria or meets the criteria for outpatient commitment. I returned the respondent to his/her regular residence or the home of a consenting person and released respondent from custody.

Date Delivered	Time Delivered <input type="checkbox"/> AM <input type="checkbox"/> PM	Name Of Examiner (Type Or Print)
Name Of Examining Facility	County Of Examining Facility	
Name Of Law Enforcement Officer (Type Or Print)	Signature Of Law Enforcement Officer	
Name Of Law Enforcement Agency	Badge No. Of Officer	

**NOTE TO LAW ENFORCEMENT OFFICER:** Upon completing this section, immediately return this form and a copy of the examiner's written report (Form No. DMH 5-72-01) to the Clerk of Superior Court of the county where the petition was filed and the custody order issued (See top of reverse side).

WILLIAMS, LEONARD CLINT\*  
 CSN: 6437633200 FAC: H  
 MRN: 0000642066 Adm Date: 4/21/2019  
 DOB: 11/01/1980 (38 yrs) Male  
 Att Phy: 99047 BHR EMERGENCY MEDIC\*  


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

County Mecklenburg  
Patient Record # \_\_\_\_\_

EXAMINATION AND RECOMMENDATION TO  
DETERMINE  
NECESSITY FOR INVOLUNTARY COMMITMENT

~~1ST ERIC~~ *rv*  
Film # **2ND ERIC**

Name of Respondent:	Age	DOB	Sex	Race	M.S.
<u>Williams, Leonard</u>	<u>38</u>	<u>11/1/80</u>	<u>M</u>	<u>CA</u>	<u>Single</u>
Address (Street, Box Number, City, State, Zip (use facility address after 1 year in city))			County: <u>Mecklenburg</u>		
Phone: _____			Relationship: _____		
Legally _____			Phone: _____		
Petitioner (Name and address)			Relationship: <u>Friend</u>		
<u>Jennifer Cox</u>			Phone: _____		

The above-named respondent was examined on 4/23, 2019 at 2:07 o'clock P.M. at BHC ED/OBS.  
OR, I examined the respondent via telemedicine technology on 20 at \_\_\_\_\_ o'clock \_\_\_\_\_ M. Included in the examination was an assessment of the respondent's: ☒ (1) current and previous mental illness or mental retardation including, if available, previous treatment history; (2) dangerousness to self or others as defined in G.S. 122C-3 (11\*); (3) ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) capacity to make an informed decision concerning treatment. ☒ (1) current and previous substance abuse including, if available, previous treatment history; and (2) dangerousness to himself or others as defined in G.S. 122C-3 (11\*). The following findings and recommendations are made based on this examination. For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination via telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken to a facility for face to face evaluation. (\*Statutory Definitions are on reverse side)

SECTION I - CRITERIA FOR COMMITMENT

- Inpatient.** It is my opinion that the respondent is:
- 1<sup>st</sup> Exam - Physician or Psychologist) ☐ mentally ill; ☐ dangerous to self; ☐ dangerous to others  
2<sup>nd</sup> Exam - Physician only) ☐ in addition to being mentally ill is also mentally retarded  
☐ none of the above
- Outpatient.** It is my opinion that:
- (Physician or Psychologist)
- ☐ the respondent is mentally ill  
☐ the respondent is capable of surviving safely in the community with available supervision  
☐ based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11\*)  
☐ the respondent's current mental status or the nature of his illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment  
☐ none of above

**COPY**

- Substance Abuse.** It is my opinion that the respondent is:
- (1<sup>st</sup> Exam - Physician or Psychologist; 2<sup>nd</sup> Exam - If 1<sup>st</sup> exam done by Physician, 2<sup>nd</sup> exam may be done by Qual. Prof.)
- ☐ a substance abuser  
☐ dangerous to himself or others  
☐ none of the above

SECTION II - DESCRIPTION OF FINDINGS

Clear description of findings (findings for each criterion checked above in Section I must be described):

No acute suicidal, homicidal or assaultive ideation.  
No psychotic symptoms.  
Willing to comply with voluntary services.  
No longer meet criteria for involuntary commitment.

over

Form No. DMH 5-72-01  
Revised December 2009

EXAMINATION AND RECOMMENDATION FOR INVOLUNTARY COMMITMENT

**WILLIAMS, LEONARD CLINT\***  
CSN: 6437633200 FAC: H  
MRN: 0000642066 Adm Date: 4/21/2019  
DOB: 11/01/1980 (38 yrs) Male  
Att Phy: 99047 BHR EMERGENCY MEDIC\*



**COPY**

Notable Physical Conditions:

None acute

Current Medications (medical and psychiatric)

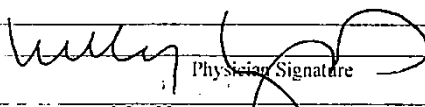
See chart

Impression/Diagnosis:

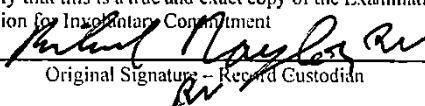
Bipolar I Disorder

**SECTION III - RECOMMENDATION FOR DISPOSITION**

- ☐ Inpatient Commitment for \_\_\_\_\_ days (respondent must be mentally ill and dangerous to self or others)
- ☐ Outpatient Commitment (respondent must meet ALL of the first four criteria outlined in Section I, Outpatient)
- Proposed Outpatient Treatment Center or Physician: (Name) \_\_\_\_\_
- (Address and Phone Number) \_\_\_\_\_
- LME notified of appointment: (Name of LME and date) \_\_\_\_\_
- ☐ Substance Abuse Commitment (respondent must meet both criteria outlined in Section I, Substance Abuse)
- ☐ Release respondent pending hearing - Referred to: \_\_\_\_\_
- ☐ Hold respondent at 24-hour facility pending hearing - Facility: \_\_\_\_\_
- ☐ Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found not guilty by reason of insanity or incapable of proceeding; therefore, the respondent will not be released until so ordered following the court hearing.
- ☒ Respondent or Legally Responsible Person Consented to Voluntary Treatment
- ☒ Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)
- ☐ Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- ☐ Other (Specify) \_\_\_\_\_

 M.D.  
 Physician Signature  
 Signature/Title of Physician/Qual. Prof. Professional  
**Kelly Haggood, MD**  
 Print Name of Examiner  
 Behavioral Health Charlotte (Atrium Health)  
 501 Billingsley Rd  
 Charlotte NC 28211  
 704 358 2800

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

  
 Original Signature - Record Custodian

  
 Title

Address or Facility

4/23/19

Date

NOTE: Only copies to be introduced as evidence need to be certified

CC: Clerk of Superior Court where petition was initiated (initial hearing only)

Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised

Respondent or Respondent's Attorney and State's Attorneys, when applicable

Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Program / Physician (Substance Abuse Commitment)

NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

**\*STATUTORY DEFINITIONS**

"Dangerous to self". Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

"Dangerous to others". Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

"Mental illness": (a) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth's capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

"Substance abuser". An individual who engages in the pathological use or abuse of alcohol or drugs which produces an impairment in personal, social, or occupational functioning. Substance abuse m

WILLIAMS, LEONARD CLINT\* that

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC\*



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

County Mecklenburg

1ST file ERIC

Examination Record # \_\_\_\_\_

EXAMINATION AND RECOMMENDATION TO  
DETERMINE  
NECESSITY FOR INVOLUNTARY COMMITMENT

Film # \_\_\_\_\_

Name of Respondent: <u>Williams, Leonard</u>	Age <u>38</u>	DOB <u>11/1/80</u>	Sex <u>M</u>	Race <u>Cauc.</u>	M.S. <u>Single</u>
Address (Street, P.O. Box, etc.) _____ City: _____			County: <u>Mecklenburg</u>		
Address after 1 year in _____			Phone: _____		
Legally Responsible Person <u>Self</u>	Next of Kin (Name and Address) _____		Relationship: _____		
Petitioner (Name and address) <u>Jennifer Cox</u>			Relationship: <u>friend</u>		
_____			Phone: _____		

The above-named respondent was examined on 4/22, 2019 at 0300 o'clock A.M. at BH-CLT.  
OR, I examined the respondent via telemedicine technology on \_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M. Included in the examination was an assessment of the respondent's: ☒ (1) current and previous mental illness or mental retardation including, if available, previous treatment history; (2) dangerousness to self or others as defined in G.S. 122C-3 (11\*); (3) ability to survive safely without inpatient commitment, including the availability of supervision from family, friends, or others; and (4) capacity to make an informed decision concerning treatment. ☒ (1) current and previous substance abuse including, if available, previous treatment history; and (2) dangerousness to himself or others as defined in G.S. 122C-3 (11\*). The following findings and recommendations are made based on this examination. For telemedicine evaluations only: ☐ I certify to a reasonable degree of medical certainty that the results of the examination a telemedicine were the same as if I had been personally present with the respondent OR ☐ The respondent needs to be taken to a facility for face to face evaluation. (\*Statutory Definitions are on reverse side)

SECTION I - CRITERIA FOR COMMITMENT

- Inpatient.** It is my opinion that the respondent is: ☒ mentally ill; ☐ dangerous to self; ☐ dangerous to others  
1<sup>st</sup> Exam - Physician or Psychologist ☐ in addition to being mentally ill is also mentally retarded  
2<sup>nd</sup> Exam - Physician only ☐ none of the above
- Outpatient.** It is my opinion that: ☐ the respondent is mentally ill  
(Physician or Psychologist) ☐ the respondent is capable of surviving safely in the community with available supervision  
☐ based upon the respondent's treatment history, the respondent is in need of treatment in order to prevent further disability or deterioration which would predictably result in dangerousness as defined by G.S. 122C-3 (11\*)  
☐ the respondent's current mental status or the nature of his illness limits or negates his/her ability to make an informed decision to seek treatment voluntarily or comply with recommended treatment  
☐ none of above

- Substance Abuse.** It is my opinion that the respondent is: ☐ a substance abuser  
(1<sup>st</sup> Exam - Physician or Psychologist; 2<sup>nd</sup> Exam - If 1<sup>st</sup> exam done by Physician, 2<sup>nd</sup> exam may be done by Qual. Prof.) ☐ dangerous to himself or others  
☐ none of the above

SECTION II - DESCRIPTION OF FINDINGS

Clear description of findings (findings for each criterion checked above in Section I must be described):

Friend and former co-worker reported that patient sent numerous texts detailing plans to harm self. Patient needs further psychiatric evaluation.

over

Form No. DMH 5-72-01  
Revised December 2009

EXAMINATION AND RECOMMENDATION FOR INVOLUNTARY COMMITMENT

WILLIAMS, LEONARD CLINT\*  
CSN: 6437633200 FAC: H  
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 DOB: 11/01/1980 (38 yrs) Male  
 Att Phy: 99047 BHR EMERGENCY MEDIC\*

Notable Physical Conditions: *see chart*

ications (medical and psychiatric)  
*el chart*

Impression/Diagnosis:

*Bipolar Disorder*

SECTION III - RECOMMENDATION FOR DISPOSITION

- ☒ Inpatient Commitment for 30 days (respondent must be mentally ill and dangerous to self or others)  
☐ Outpatient Commitment (respondent must meet ALL of the first four criteria outlined in Section I, Outpatient)  
 Proposed Outpatient Treatment Center or Physician: (Name) \_\_\_\_\_  
 (Address and Phone Number) \_\_\_\_\_
- LME notified of appointment: (Name of LME and date) \_\_\_\_\_
- ☐ Substance Abuse Commitment (respondent must meet both criteria outlined in Section I, Substance Abuse)  
☐ Release respondent pending hearing - Referred to: \_\_\_\_\_  
☐ Hold respondent at 24-hour facility pending hearing - Facility: \_\_\_\_\_
- ☐ Respondent does not meet the criteria for commitment but custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that he was found not guilty by reason of insanity or incapable of proceeding: therefore, the respondent will not be released until so ordered following the court hearing.  
☐ Respondent or Legally Responsible Person Consented to Voluntary Treatment  
☐ Release Respondent and Terminate Proceedings (insufficient findings to indicate that respondent meets commitment criteria)  
☐ Respondent was held 7 days from issuance of custody order but continues to meet commitment criteria. A new petition will be filed.
- ☐ Other (Specify) \_\_\_\_\_

*[Signature]*  
 Physician Signature

M.D.

Signature/Title - Eligible Psychologist/Qualified Professional

*[Signature]*  
 Print Name of Examiner

Behavioral Health Charlotte (Atrium Health)  
 501 Billingsley Rd  
 Charlotte NC 28211  
 704 358 2800

This is to certify that this is a true and exact copy of the Examination and Recommendation for Involuntary Commitment

Original Signature - Record Custodian

Title

Address or Facility

Date

NOTE: Only copies to be introduced as evidence need to be certified

CC: Clerk of Superior Court where petition was initiated (initial hearing only)

Clerk of Superior Court where 24-hour facility is located or where outpatient treatment is supervised

Respondent or Respondent's Attorney and State's Attorneys, when applicable

Proposed Outpatient Treatment Center or Physician (Outpatient Commitment); Area Program / Physician (Substance Abuse Commitment)

NOTE: If it cannot be reasonably anticipated that the clerk will receive the copies within 48 hours of the time that it was signed, the physician or eligible psychologist/qualified professional shall communicate his findings to the clerk by telephone.

\*STATUTORY DEFINITIONS

"Dangerous to self". Within the relevant past: (a) the individual has acted in such a way as to show: (1) that he would be unable without care, supervision, and the continued assistance of others not otherwise available, to exercise self-control, judgment, and discretion in the conduct of his daily responsibilities and social relations or to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety; and (2) that there is a reasonable probability of his suffering serious physical debilitation within the near future unless adequate treatment is given. A showing of behavior that is grossly irrational, of actions that the individual is unable to control, of behavior that is grossly inappropriate to the situation, or of other evidence of severely impaired insight and judgment shall create a prima facie inference that the individual is unable to care for himself; or (b) the individual has attempted suicide or threatened suicide and that there is a reasonable probability of suicide unless adequate treatment is given; or (c) the individual has mutilated himself or attempted to mutilate himself and that there is a reasonable probability of serious self-mutilation unless adequate treatment is given. NOTE: Previous episodes of dangerousness to self, when applicable, may be considered when determining reasonable probability of physical debilitation, suicide, or self-mutilation.

"Dangerous to others". Within the relevant past, the individual has inflicted or attempted to inflict or threatened to inflict serious bodily harm on another, or has acted in such a way as to create a substantial risk of serious bodily harm to another, or has engaged in extreme destruction of property; and that there is a reasonable probability that this conduct will be repeated. Previous episodes of dangerousness to others, when applicable, may be considered when determining reasonable probability of future dangerous conduct.

"Mental illness": (a) when applied to an adult, an illness which so lessens the capacity of the individual to use self-control, judgment, and discretion in the conduct of his affairs and social relations as to make it necessary or advisable for him to be under treatment, care, supervision, guidance or control; and (b) when applied to a minor, a mental condition, other than mental retardation alone, that so lessens or impairs the youth's capacity to exercise age adequate self-control and judgment in the conduct of his activities and social relationships so that he is in need of treatment.

"Substance abuser". An individual who engages in the pathological use or abuse of alcohol or other drugs in a way or to a degree that produces an impairment in personal, social, or occupational functioning. Substance abuse may include a pattern of tolerance and withdrawal.



**STATE OF NORTH CAROLINA**

File No.

MECKLENBURG

County.

In The General Court Of Justice  
District Court Division

**IN THE MATTER OF**

Name And Address Of Respondent

LEONARD CLINTON WILLIAMS III

**AFFIDAVIT AND PETITION FOR  
INVOLUNTARY COMMITMENT**

TO: CMC RANDOLPH 501 BILLINGSLEY RD

CHARLOTTE

NC 28211

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

Social Security No. Of Respondent (if available)

Date Of Birth

11/01/1980

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" pursuant to G.S. 122C-261.

☐ 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.)

RESPONDENT HAS RECENTLY EXHIBITED DELUSIONAL BEHAVIORS AND SUICIDAL IDEATIONS. HE BELIEVES THAT CO-WORKERS ARE "OUT TO GET" HIM, AND THAT HE'S IN IMMEDIATE DANGER FROM THEM. HIS SPEECH IS PRESSURED AND INCOHERENT, AND HIS APARTMENT IS UNKEMPT AND NEGLECTED. HE SENT PETITIONER (FRIEND/ CO-WORKER) NUMEROUS TEXTS OUTLINING HIS INTENTION TO SELF-HARM. RESPONDENT HAS PREVIOUS DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER. UNKNOWN MEDS. PETITIONER FEARS FOR HIS ULTIMATE SAFETY.

Name And Address Of Nearest Relative Or Guardian

Name And Address Of Person Other Than Petitioner Who May Testify

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/AFFIRMED AND SUBSCRIBED TO BEFORE ME**

Signature Of Petitioner

Date

04/21/2019

Signature

J. Wilson

Name And Address Of Petitioner (type or print)

JENNIFER COX

☐ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court ☒ Magistrate

☐ Notary (use only with physician or psychologist petitioner)

Date Notary Commission Expires

Relationship To Respondent

FRIEND

SEAL

County Where Notarized

Home Telephone No.

Business Telephone No.

WILLIAMS, LEONARD CLINT\*

CSN: 6437633200 FAC: H

MRN: 0000642066 Adm Date: 4/21/2019

DOB: 11/01/1980 (38 yrs) Male

Att Phy: 99047 BHR EMERGENCY MEDIC\*

Original-File Copy-Hospitals

AOC-SP-300, Rev. 5/17

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**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

**NOTE:** "Upon the request of the legally responsible person or the minor admitted or committed, and after that minor has both been released and reached adulthood, the court records of that minor made in proceedings pursuant to Article 5 of [Chapter 122C] may be expunged from the files of the court." G.S. 122C-54(e).

**WILLIAMS, LEONARD CLINT\***  
CSN: 6437633200 FAC: H  
MRN: 0000642066 Adm Date: 4/21/2019  
DOB: 11/01/1980 (38 yrs) Male  
Att Phy: 99047 BHR EMERGENCY MEDIC\*  
