

STATE OF NEW HAMPSHIRE

PETITION AND CERTIFICATE

FOR INVOLUNTARY EMERGENCY ADMISSION

OF _____

INSTRUCTIONS

Forms: Both attached forms must be completed: (1) Petition for Involuntary Emergency Admission (IEA)- by Petitioner and (2) Certificate of Examining Physician by a physician or A.R.N.P., as defined in RSA 135-C:2, II-a **who must be authorized by a community mental health center or designated receiving facility.**

Hearing: A hearing to determine if there is probable cause for the IEA will be held within 3 days after the IEA (excluding Sundays and holidays) by the District Court. Contact the court for the date, place, and time of the hearing. The petitioner and any witnesses must attend this hearing. If necessary, a subpoena may be obtained from the District Court to compel a witness to attend.

Custody: Following the examination and completion of both forms, a law enforcement officer will take the person to the facility named in the physician's certificate. If the person refuses an examination by a physician or A.R.N.P., the petitioner or law enforcement officer may request a justice of the peace to order the examination.

In the case of a child, the physician or A.R.N.P., may determine that the child does not require the degree of security provided by a law enforcement vehicle and may, with the consent of the parent, guardian, or legal custodian, authorize an ambulance service or other medical vehicle to deliver the child to the receiving facility.

STATE OF NEW HAMPSHIRE

PETITION AND CERTIFICATE

FOR INVOLUNTARY EMERGENCY ADMISSION

To the Honorable District Court:

Your petitioner respectfully represents that

_____ (name of person sought to be admitted) _____ (DOB)

of _____ (street) _____ (town/city)

in _____ County, State of _____

needs to be admitted pursuant to RSA 135-C:27 et seq., because he or she is in such mental condition as a result of mental illness to pose a likelihood of danger to self or others, as evidenced by a recent overt act, attempt or believable threat to injure self or others as demonstrated by the acts or behaviors indicated below:

(Circle one or more of the sections I. (a) through II below to indicate the applicable criteria which show that, as a result of mental illness the person poses a likelihood of danger to self or others.)

Likelihood of Danger to Self

- I. (a) Within the past forty (40) days, the person has inflicted serious bodily injury on him or herself or has attempted suicide or serious self-injury and there is a likelihood the act or attempted act will recur if admission is not ordered.
- I. (b) Within the past forty (40) days, the person has threatened to inflict serious bodily injury on him or herself and there is a likelihood that an act or attempt of serious self-injury will occur if admission is not ordered.
- I. (c) The person's behavior demonstrates that he or she so lacks the capacity to care for his or her own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered.
- I. (d) The person meets **all** of the following criteria:
 - (1) The person has been determined to be severely mentally disabled in accordance with rules authorized by RSA 135-C:61 for a period of at least one year;

STATE OF NEW HAMPSHIRE
CERTIFICATE OF EXAMINING PHYSICIAN OR A.R.N.P.
FOR INVOLUNTARY EMERGENCY ADMISSION

I, _____, certify
(print physician's or A.R.N.P.'s name)

as follows:

1. I am legally licensed to practice medicine in the State of New Hampshire, or am licensed by the State of New Hampshire as an A.R.N.P., and

I am approved to certify involuntary admissions by:

NORTHERN HUMAN SERVICES

(Name of approved community mental health program or designated receiving facility)

and I am not a relative of the person alleged to be mentally ill.

2. On the _____ day of _____, 20__ AD., at _____ a.m./p.m., within three (3) days of completion of the attached petition, I personally examined

(person's name)

and as a result of such examination, find and hereby certify that in my opinion, the person is in such mental condition as a result of mental illness as to pose a serious likelihood of danger to self or others.

3. The results of the physical examination which I conducted (or caused to be conducted by _____) are as follows:

(name, degree, affiliation)

NOTE: Describe in detail the nature of the examination and list any known past or present medical conditions, medication, positive physical findings or other pertinent medical information that the mental health facility may need to know during detention. If examination is not done state reason.

6. I understand I may be required to appear in court for a hearing concerning this certificate, especially if my certificate is illegible.

7. _____
(name of facility) _____ is the
_____ is the
(address of facility)

facility which can best provide the degree of security and treatment required by the person sought to be admitted.

8. I have contacted the facility named above and conveyed that this admission is pending.

9. The foregoing statements are true to the best of my knowledge.

Dated this _____ day of _____, 20__.

(signature of physician or A.R.N.P. completing certificate)

(address)

(Telephone No.)

The State of New Hampshire

_____, ss.

**COMPLAINT AND PRAYER FOR COMPULSORY MENTAL EXAMINATION
PURSUANT TO RSA 135-C:28, II**

To Any Justice of the Peace:

The Undersigned complains to said Justice of the Peace that

_____ of _____
(Name) (Address)

in _____ County is in need of involuntary emergency admission (IEA) in accordance with RSA 135-C:27 because said person appears to be in such mental condition as a result of mental illness, as defined in the accompanying IEA form, as to pose a likelihood of danger to himself or others. Such likelihood of danger to himself or others is evidenced by the recent overt acts, attempts, or believable threats set forth in the attached complete Petition for IEA which is part of the IEA form attached, and have been either personally observed by or personally reported to me.

It is the opinion of your complainant that the acts or actions reported on the Petition for IEA herewith and those reported below require a compulsory mental examination of the said _____ in accordance with RSA 135-C:28,II. The said _____ will not consent to such an examination.

Additional acts or actions indicating that _____ should be subjected to a compulsory mental examination are: _____

Date _____

IEA Petitioner/Law Enforcement Officer

The State of New Hampshire

_____, ss.

Then personally appeared before me above named _____
_____ and made oath that the facts alleged in the foregoing
by h_____ subscribed and sworn to are true and correct to the best of h_____ knowledge
and belief.

Before me this _____ day of _____, 199_____.

Justice of the Peace

The foregoing, having been presented to me in accordance with RSA 135-C:28,
II, I find that a compulsory mental examination is necessary and hereby order any law
enforcement officer to take custody of said _____
and deliver him/her to _____, where
a compulsory mental examination is to be conducted for purposes of considering whether
or not an involuntary emergency admission shall be ordered in accordance with RSA
135-C:28, I.

Date: _____

Justice of the Peace

NOTE: An involuntary Emergency Admission form with the Petition for Involuntary
Emergency Admission section completed MUST accompany this form.

DMHDS
1/87

Form #134

2/87; 5/96; 2/98