Clear Form

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

_____ Date: _____
Name of person sought to be admitted

INSTRUCTIONS TO PETITIONER:

1. **Involuntary Emergency Admission (IEA) Forms:**
   a. **Petition:** (pages 2 - 3) Any "responsible person" may be the petitioner. S/he should complete and sign the "Petitioner's Statement." The petitioner must be prepared to testify at the IEA hearing. Only one person may be the petitioner. The petitioner must include specific information about the person's behaviors deemed to be dangerous as a result of mental illness.
   b. **Witness statement:** (page 4) A 2nd person may complete and sign the "Witness's Statement" and add information about the person's dangerous behaviors. This information is not required, but a witness who completes the form should be prepared to testify.
   c. **Physical exam and mental health exam:** A physician, physician assistant, APRN, or designee shall complete and sign the physical exam (page 5) and mental health exam (page 6).
   d. **Certificate:** Only a physician, physician assistant or APRN, authorized by a community mental health center or designated receiving facility, may complete and sign the certificate of examining physician (page 7) *(please note: designees may not complete and sign page 7.)*
   e. **Complaint and Prayer:** If a person who is exhibiting dangerous behaviors towards self or others as a result of serious mental health symptoms will not consent to be taken to a hospital emergency room, a responsible person may complete and sign a petition (pages 2-3) and a complaint and prayer. The petitioner shall give the complaint and prayer, after it has been also signed by a justice of the peace, with the IEA petition (pages 2-3 completed), to a law enforcement officer who is authorized to locate the person and deliver her/him to a local hospital for an emergency mental health examination. If the person is willing to go to a hospital for a mental health evaluation, and it can be done safely, the complaint and prayer form is not needed.
2. **Custody:** After all 7 pages of the IEA form have been completed and signed, a law enforcement officer shall take the patient to the facility named in the physician's certificate (page 7). (A doctor may order an ambulance for children. RSA 135-C:29(II)).
3. **Hearing:** The petitioner must attend an IEA hearing, which will be held by the Circuit Court within 3 days (excluding Sundays and holidays) after admission to a designated receiving facility.
4. **Contact:** All petitioners shall contact the Designated Receiving Facility (named on page 7 - where the person was involuntarily admitted on an emergency basis) during business hours to find out the date, place, and time of the hearing. If the petitioner does not attend the hearing, in person (or by phone at NHH), the petition may be dismissed and the person may be discharged back to the community. Designated Receiving facilities are:
   - **Cypress Center** .....**(603) 668-4111 ext.4175**
   - **Elliot Hospital** .....**(603) 663-4400**
   - **Franklin Hospital** .....**(603) 934-2060**
   - **New Hampshire Hospital** .....**(603) 271-5751 or 271-5750**
   - **Portsmouth Regional Hospital** .....**(603) 433-5270**

NOTE: If you wish to testify by telephone, you must provide the Designated Receiving Facility with a direct phone number (not a receptionist) and be available when the Court Hearing Officer/Judge calls. You may be asked to testify to facts in addition to what you have written on the petition. You should have a copy of the petition with you so you can refer to it during the hearing.

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PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

PETITIONER'S STATEMENT

To the Honorable Judge/ Hearing Officer of the _____:
Court Name

1. I _____ respectfully represent that
Name of petitioner

_____
Name of person sought to be admitted DOB Age

of _____
and Street (Do not list PO Box) City State Zip

needs to be involuntarily admitted, to a Designated Receiving Facility, on an emergency basis, because s/he is in such a mental condition as a result of mental illness as to pose a likelihood of danger to self or others. I understand that a Designated Receiving Facility is a hospital, in New Hampshire, specifically authorized to treat a person's acute symptoms of mental illness.

2. I believe s/he has engaged in the following dangerous acts: (check one or more boxes)

RSA 135-C:27(I) (Danger to self)

☐ (a) Within the past forty (40) days, s/he has inflicted serious bodily injury on him/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. RSA 135 - C:27, 1(a).

☐ (b) Within the past forty (40) days, s/he has threatened to inflict serious bodily injury on him/herself and there is a likelihood that an act or attempt of serious self-injury will occur if admission is not ordered. RSA 135-C:27 1(b).

☐ (c) The person's behavior demonstrates that s/he so lacks the capacity to care for his/her own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered. RSA 135-C:27 1(c).

☐ (d) The person meets **all** of the following criteria:
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;

(1) The person has had at least one probate court involuntary admission, within the last two years, pursuant to RSA 135-C:34-54;
(2) The person has no guardian of the person appointed pursuant to RSA 464-A;
(3) The person is not subject to a conditional discharge granted pursuant to RSA 135-C:49,II;
(4) The person has refused the treatment determined necessary by a mental health program approved by the Department of Health and Human Services; and
(5) A psychiatrist at a mental health program approved by the Department of Health and Human Services has determined, based upon the person's clinical history, that there is a substantial probability that the person's refusal to accept necessary treatment will lead to death, serious bodily injury, or serious debilitation if Involuntary Emergency Admission is not ordered.

RSA 135-C:27(II) (Danger to others)

☐ Within the past forty (40) days s/he inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

PETITIONER'S STATEMENT (cont.)

1. Petitioner's name: _____ Relationship: _____
   Typed or printed name

   Address: _____
   # and Street (Do not list PO Box) City State Zip

   Telephone No.: _____ Agency (if any): _____

Describe all specific dangerous acts or behaviors that _____
(Name of person sought to be admitted) engaged in. Limit your descriptions to acts or behaviors that happened within the last 40 days:

Dangerous acts or behaviors may include: serious bodily injury to self, attempted suicide; threats to harm self or to commit suicide; lack of capacity to provide adequate food, clothing, shelter; and/or maintain a safe personal environment; threats to inflict, or actions that inflicted, or were intended to inflict serious bodily harm on another. Note: Did you personally observe the acts or behaviors? If not, explain how you know about the acts or behaviors and list the name (and phone # if you have it) of the person who observed the acts or behaviors. (Attach additional pages as necessary.)

Date: _____ Time: _____ Place: _____

Description:

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Date: _____ Time: _____ Place: _____

Description:

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REQUIRED SIGNATURE:

_____
Date

_____
Signature of petitioner

_____
Print or type name of petitioner

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

WITNESS'S STATEMENT

2. Witness name: _____ Relationship: _____
Typed or printed name

Address: _____
and Street (Do not list PO Box) City State Zip

Telephone No.: _____ Agency (if any): _____

Describe all specific dangerous acts or behaviors that _____
(Name of person sought to be admitted) engaged in. Limit your descriptions to acts or behaviors that happened within the last 40 days:

Dangerous acts or behaviors may include: serious bodily injury to self; attempted suicide; threats to harm self or to commit suicide; lack of capacity to provide adequate food, clothing, shelter, and/or maintain a safe personal environment; threats to inflict, or actions that inflicted, or were intended to inflict, serious bodily harm on another. Note: Did you personally observe the acts or behaviors? If not, explain how you know about the acts or behaviors. (Attach additional pages as necessary.)

Date: _____ Time: _____ Place: _____

Description:

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Date: _____ Time: _____ Place: _____

Description:

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*A witness's account of the person's dangerous acts or behaviors is **optional**, however the witness must include his/her name and sign this form if s/he decides to include additional information about the person's dangerous conduct.

REQUIRED SIGNATURE (Signature needed only if a witness drafts one or more statements above.)

_____
Date

_____
Signature of witness

_____
Print or type name of witness

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

3. Physical examination of: _____
Name of person sought to be admitted

_____
Print Physician's, PA's, APRN's, or Designee's name & title. Phone number where reachable.
(Sign signature block at the bottom of the page.)

_____
and Street (Do not list PO Box) City State Zip

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

_____

(Please make a note above if you are attaching additional pages.)

By signing below, I certify that the patient named above is medically approved for admission to an inpatient psychiatric Designated Receiving Facility (RSA 135-C:2(XIV).

REQUIRED SIGNATURE:

_____
Date

_____
Signature of physician, PA, APRN, or designee completing page 5

_____
Print or type name of physician, PA, APRN, or designee completing page 5

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PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

4. Mental examination of: _____
Name of person sought to be admitted

_____
Print Physician's, PA's, APRN's, or Designee's name & title. Phone number where reachable.
(Sign signature block at the bottom of the page.)

_____
and Street Address (No PO Box please) Town/City State Zip

NOTE: Describe in detail the nature of the examination and list any past or present mental condition, hospitalizations for psychiatric reasons, psychotropic medications, current mental status, orientation, memory, judgment, speech productiveness, coherence, emotional tone, insight, activity level, appearance and any other pertinent information on the person's mental state.

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(Please make a note above if you are attaching additional pages.)

REQUIRED SIGNATURE:

_____
Date

_____
Signature of physician, PA, APRN, or designee completing page 6

_____
Print or type name of physician, PA, APRN, or designee completing page 6

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Case Name: _____

Case Number: _____

STATE OF NEW HAMPSHIRE
CERTIFICATE OF EXAMINING PHYSICIAN, PHYSICAN ASSISTANT OR APRN FOR INVOLUNTARY EMERGENCY ADMISSION

I, _____ certify as follows:
Print name of certifying physician, PA or APRN (required)

1. I am a physician licensed to practice medicine in the State of New Hampshire, or I am a PA licensed by the State of New Hampshire or I am an APRN licensed by the State of New Hampshire, and I am approved to certify involuntary admissions by

   _____
   Print the name of the community mental health program or Designated Receiving Facility that authorized you to certify IEA petitions

2. I am not a relative of the person named in this petition who is alleged to be mentally ill.
3. On _____, at _____ ☐ a.m. ☐ p.m., which is within three (3) days of completion of the attached petition, I personally examined:

   _____
   Name of person sought to be admitted

4. I ☐ conducted, or ☐ designated _____
   Print name, degree, & title of designee responsible for conducting the physical exam

   to conduct the physical examination of the person, which is completed on page 5.

5. I ☐ conducted, or ☐ designated _____
   Print name, degree, & title of designee responsible for conducting the mental exam

   to conduct the mental examination of the person, which is completed on page 6.

6. As a result of such examinations (pages 5-6) which I have completed, and/or reviewed, and the acts or behaviors I observed, or which were reported to me by the petitioner (and witness) listed on the attached petition (pages 2-3), I find and hereby certify that in my opinion, the criteria of RSA 135-C:27 is satisfied, as the person is in such mental condition as a result of mental illness that s/he poses a serious likelihood of danger to self or others.
7. I understand that I may be required to appear in court for a hearing concerning this certificate, especially if my certificate is illegible.
8. The Designated Receiving Facility which can best provide the degree of security and treatment required by the person sought to be admitted is as follows: *(check one DRF)*
   - ☐ Cypress Center
   - ☐ Franklin Regional Hospital
   - ☐ Portsmouth Regional Hospital
   - ☐ Elliot Hospital
   - ☐ New Hampshire Hospital

9. I contacted, or designated _____ to
   Printed name of person designated to contact Designated Receiving Facility to approve transport.

   contact the facility checked in paragraph #8 above and conveyed that this Emergency Involuntary Admission (IEA) is pending.

10. The foregoing statements are true to the best of my knowledge and belief. Date: _____

REQUIRED SIGNATURE (do not sign this section unless you are a certifying physician, physician assistant or APRN)

_____
Date

_____
Signature of physician, PA or APRN completing this certificate

_____
Print name & title of physician, PA or APRN completing this certificate

_____
and Street (Do not list PO Box) City State Zip

_____
Phone number where you can be reached.

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