

THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

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

I, _____, state that
_____ (Name of Petitioner) DOB: _____

appears to be in such mental condition as a result of mental illness that they pose a likelihood of danger to self or others. The likelihood of danger to self or others is evidenced by the recent overt acts, attempts, or believable threats described in the attached *Petition and Certificate for Involuntary Emergency Admission (IEA)* (Petition) and have been either personally observed by me or personally reported to me. I further state regarding the Petitioner that:

- They are in need of an involuntary emergency admission (IEA) in accordance with RSA 135-C:27 et seq.; and
- They refuse to consent to a mental examination; and
- They need to be taken into custody by a law enforcement officer and brought to a local emergency department to submit to a compulsory mental examination.

Additional information indicating that the person named above should be taken into custody by law enforcement and subjected to a compulsory mental examination: (Completing this section is optional.)

It is my opinion that the acts or actions reported in the attached Petition, and those reported above, require the named person to submit to a compulsory mental examination in accordance with RSA 135-C:28, II.

I swear or affirm, under penalties of law, that the above facts are true and correct to the best of my knowledge and belief.

Date

Signature

Printed Name

ORDER ON COMPLAINT FOR COMPULSORY MENTAL EXAMINATION

I, _____ (Name of Judge/Justice of the Peace), state that _____, personally appeared before me and swore and affirmed that the facts alleged in this Complaint which has been presented to me along with the Petition, are true and correct to the best of their knowledge and belief. After review, I find that a compulsory mental examination is necessary in accordance with RSA 135-C:28, II.

_____ (Name of Petitioner) DOB: _____ shall be taken into custody by any law enforcement officer and shall be delivered to:

_____ (Name / address of local emergency department) where a compulsory mental examination is to be conducted in accordance with RSA 135-C:28, II.

So Ordered:

Date

Signature of Judge/Justice of the Peace

My commission expires

Name of Judge/Justice of the Peace