THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

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С	ourt Name:						
С	ase Name:	Invo	luntary Admiss	sion of:			
	ase Number: if known)						
	P	ETIT	ION FOR R	ENEWAL OF RSA 135-0		RY ADMISSION	
1.	Petitioner na	me:					
	Mailing addre	ess:					
			Street		City	State	Zip code
	Case numbe	r of th	e current orde	er of involuntary a	dmission:		
	Issue date of	the c	urrent order of	f involuntary adm	ission:		
	Expiration da	te of	the current ord	der of involuntary	admission:		
2.	Attorney for F	Petitio	ner name:			Telephone:	
	Firm name:					Bar ID #:	
	Mailing addre	ess:					
_	_		Street		City	State	•
3.							
	Resident or I	nmate	e #, if any:			Telephone:	
	Mailing addre	ess or	n the date of fili	ling:			
	Street				City	State	Zip code
	Last known n	nailin	g address prior	r to date of filing:			
	Street				City	State	Zip code
	Additional contact information (such as email address, contact information of someone who might facilitate contact, or other contact information that may be helpful to the attorney who will be appointed for the respondent):						
4.	Name, telephone number, and mailing address of person or institution having care or custody of the respondent:						
	Name:					Telephone:	
	Mailing addre	ess:				-	
			Street		City	State	Zip code

	se Name: Involuntary	Admission of:						
	se Number:		DV ADMICCION LINDED DOA 40	25.004.54				
			RY ADMISSION UNDER RSA 13	35-C:34-54				
J.		Does the respondent have a court-appointed guardian?						
						nknown*		
	If yes, guardian na	Telephone	·					
	Mailing address:	Street	City		State	Zip code		
	If co-guardians,		- ,			,		
	Co-guardian name	e:		Telephone	:			
	Mailing address:		011		0: :			
	*Note Detitioner	Street	City	State of Dansey (AULID (State	Zip code		
			ition for Guardianship of Incapaci III, for the purpose of providing for					
6.	Petitioner states (d	check one and in	clude details below):					
	Respondent has recovered from their mental illness to such an extent that they no longer require inpatient treatment but a prescribed regimen of medical, psychiatric, or psychological care or treatment is necessary to prevent the recurrence of the circumstances which led to the person's dangerous condition, and respondent requires a renewed order of involuntary admission for purposes of maintaining them on conditional discharge.							
	Respondent is presently receiving inpatient care as a result of a prior order of involuntary admission. The respondent is in such mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or others if continued involuntary admission is not ordered.							
	In support of this request, the petitioner states:							
	See additional pages as Attachment A, if necessary.							
7.	The following pers	•	:					
	Mailing address:							
	-	Street	City		State	Zip code		
	Name:			Telephone	:			
	Mailing address:	Street	City		State	Zip code		
	Name:		•	Telephone		•		
	Mailing address:				·			
	mailing addicss.	Street	City		State	7in code		

Case Name: Involuntar	y Admission of:				
	/AL OF INVOLUNTARY ADMISS		:34-54		
			Telephone	:	
Mailing address:					
-	Street	City		State	Zip code
Name:			Telephone	:	
Mailing address:					
3	Street	City		State	Zip code
Attach additional	witness list, if necessary.				
•	ests that a hearing be held to dmission to a receiving facilit		•	shall re	main
		/s/			
Petitioner Name	_	/s/ Petitioner Signatu	ire		Date
Petitioner Address		City		State	Zip code
Petitioner Telephone		Petitioner E-mail			

ase name: involuntary Admission of:
ase Number:
ETITION FOR RENEWAL OF INVOLUNTARY ADMISSION UNDER RSA 135-C:34-54
STATEMENT OF EXAMINING PHYSICIAN, PHYSICIAN ASSISTANT (PA), OR ADVANCED PRACTICE REGISTERED NURSE (APRN)
The undersigned, a Physician, PA, or APRN who is approved by a designated receiving facility or a
ommunity mental health program approved by the DHHS commissioner, and whose mailing address
S
ertifies that the respondent,, was
xamined on (date) and was found to be of such mental condition as a result of
nental illness as to create a potentially serious likelihood of danger to self or to others. I recommend
nat the respondent be admitted on an involuntary basis to a designated receiving facility for

Printed Name of Physician, PA, or APRN

(Statement must be attached when the petition is filed-see statute below)

RSA 135-C:36, II. The certificate of the examining physician, physician assistant, or advanced practice registered nurse made upon admission, if the person sought to be admitted is currently voluntarily admitted to a receiving facility, or a certificate of the examining physician, physician assistant, or advanced practice registered nurse made prior to the admission of the person sought to be admitted to involuntary emergency admission in accordance with RSA 135-C:27-33, shall be sufficient as the certificate for the petition for involuntary admission, if made within 5 days of the date of the filing of the petition.

Signature of Physician, PA, or APRN

Date

Case Name: Involuntary Admission of:						
Case Number:						
PETITION FOR RENEWA	L OF INVOLUNTARY ADM	<u>ISSION UNDER RSA 1</u>	35-C:34-54			
	INITIAL COURT ORDER					
The Court, having rec	eived the attached petiti	ion on	(date), ORDER	S that a hearing		
be held on	(date) at	(time) and furth	ner ORDERS that t	he respondent,		
			, make themsel	ves available for a		
psychiatric examination	on by Dr			prior to the		
scheduled hearing. Po	ursuant to RSA 135-C:4	0-41, Dr				
shall file a written report with the Court before the day of the hearing, as set forth under NH law and						
as authorized by the Health Insurance Portability and Accountability Act, 45 C.F.R.						
sec.164.512(e)(1)(i). Further, the Court authorizes Dr.						
to interview the respondent's treatment team and to review all medical and mental health records						
which may be pertinent to this matter, and to do so without a signed release by the respondent if the						
respondent is unwilling or unable to sign a medical/mental health records release of information						
document.						
The Court further order	ers that the involuntary a	admission order date	ed	is extended,		
pursuant to RSA 135-C:39 II, until this court issues further orders.						