

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<https://www.courts.nh.gov>

Court Name: \_\_\_\_\_

Case Name: Involuntary Admission of: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**PETITION FOR INVOLUNTARY ADMISSION**  
**RSA 135-C:34-54**

1. Petitioner name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Attorney for Petitioner name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm name: \_\_\_\_\_ Bar ID #: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

3. Respondent name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Resident or Inmate #, if any: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address on the date of filing: \_\_\_\_\_  
Street City State Zip code

Last known mailing address prior to date of filing: \_\_\_\_\_  
Street City State Zip code

4. Name, telephone number, and mailing address of person or institution having care or custody of the respondent:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

5. Does the respondent have a court-appointed guardian?

Yes Case Number, if known: \_\_\_\_\_  No\*  Unknown\*

If yes, guardian name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

If co-guardians,  
Co-guardian name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

\*Note -- Petitioner may file a separate Petition for Guardianship of Incapacitated Person (**NHJB-2165-Pe**) if a request is being made pursuant to RSA 135-C:36, III, for the purpose of providing for the respondent's health care.

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6. The petitioner states that respondent requires admission on an involuntary basis to a receiving facility for treatment of mental illness. The petitioner alleges that 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 to others because they engaged in the following acts or actions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See additional pages as Attachment A, if necessary.

7. The following persons are witnesses to the acts or actions of the respondent:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Attach additional witness list, if necessary.

This petitioner requests that a hearing be held to determine whether the respondent shall be admitted to a receiving facility on an involuntary basis.

\_\_\_\_\_  
Petitioner Name

/s/ \_\_\_\_\_  
Petitioner Signature Date

\_\_\_\_\_  
Petitioner Address

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Petitioner Telephone

\_\_\_\_\_  
Petitioner E-mail

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**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 community mental health program approved by the DHHS commissioner, and whose mailing address is \_\_\_\_\_

certifies that the respondent, \_\_\_\_\_, was examined on \_\_\_\_\_ (date) and was found to be of such mental condition as a result of mental illness as to create a potentially serious likelihood of danger to self or to others. I recommend that the respondent be admitted on an involuntary basis to a designated receiving facility for psychiatric treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician, PA, or APRN

\_\_\_\_\_  
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.

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**INITIAL COURT ORDER**

The Court, having received the attached petition on \_\_\_\_\_ (date), ORDERS that a hearing be held on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) and further ORDERS that the respondent, \_\_\_\_\_, make themselves available for a psychiatric examination by Dr. \_\_\_\_\_ prior to the scheduled hearing. Pursuant to RSA 135-C:40-41, 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.