

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 171-B

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 alleges the below circumstances all apply as required under RSA 171-B:2. The standard to determine that involuntary admission is necessary is:

The person has been charged with a felony involving serious bodily injury or the use of a deadly weapon, or with aggravated felonious sexual assault (other than pursuant to RSA 632-A:2, I(h)) or felonious sexual assault, or with arson pursuant to RSA 634:1, II or III;

A circuit court, superior court, or grand jury has found that probable cause exists that the person committed a felony as set forth above;

The person is determined to be not competent to stand trial;

The person has an intellectual disability, as defined in the most current edition of the Diagnostic Manual -- Intellectual Disability developed by the National Association for the Dually Diagnosed in association with the American Psychiatric Association; and

The person has a condition or behavior as a result of which the person poses a potentially serious likelihood of danger to others or a potentially serious threat of engaging in acts which would constitute arson as evidenced by a specific act or actions which may include such act or actions giving rise to the felony charge according to RSA 171-B:2, I.

The specific acts or actions include:

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

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.

Date

Signature of Petitioner

Printed Name of Petitioner

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STATEMENT of EXAMINING PHYSICIAN, PSYCHIATRIST OR PSYCHOLOGIST

The undersigned, a Physician, Psychiatrist or Psychologist, who has experience and training in developmental and intellectual disabilities, and whose mailing address is

_____ certifies that the respondent, _____, was examined on _____ (date).

The respondent has an intellectual disability, as defined in the most current edition of the Diagnostic Manual – Intellectual Disability, and has a condition or behavior as a result of which the respondent poses a potentially serious likelihood of danger to others or a potentially serious threat of engaging in acts which would constitute arson. I recommend that the respondent be admitted on an involuntary basis to the state development services delivery system.

Date

Signature of Physician, Psychiatrist, or Psychologist

Printed Name of Physician, Psychiatrist, or Psychologist

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 171-B:7, Dr. _____ shall file a written report with the Court at least 7 days prior to 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.

Date

Signature of Judge

Printed Name of Judge