

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

INVOLUNTARY EMERGENCY ADMISSION (IEA) COVER SHEET

NOTICE: THIS COVER SHEET SHALL BE COMPLETED FOR EVERY INVOLUNTARY EMERGENCY ADMISSION AND SUBMITTED TO THE COURT ALONG WITH THE PETITION AND CERTIFICATE. THE PETITION WILL NOT BE CONSIDERED COMPLETE UNTIL IT IS FILLED OUT IN ITS ENTIRETY, INCLUDING THIS COVER SHEET. PLEASE PRINT LEGIBLY OR TYPE.

Name of Person (Petitionee) Sought to be Admitted: _____

Date of Birth of Person (Petitionee) Sought to be Admitted: _____

Petitioner's Information

Instructions to the Petitioner: Provide a personal cell phone or other direct number where you will be available during business hours. Failure to provide a direct number or to answer the Court's telephone call at the time of the hearing may result in dismissal of the Petition. Provide an email address that you will check regularly while the case is pending. All notices from the Court will be provided by email only and will come from an email address that includes a court location and IEA@courts.state.nh.us (e.g. ConcordCircuitIEA@courts.state.nh.us).

Your (Petitioner's) Name: _____

Your (Petitioner's) Daytime Direct Phone Number: _____
Please notify the court of any updates/corrections to your phone number prior to the hearing.

Your (Petitioner's) Email Address: _____

Hospital Information and Information About Person Sought to be Admitted (Petitionee)

Instructions to the Certifying Clinician: Provide an email for the hospital to receive notices from the Court. The patient must be given a copy of any notice from the Court. Additionally, provide a daytime telephone number where the patient can be reached. If the patient has access to a cell phone, this number may be the patient's cell phone. The attorney appointed to represent the patient will attempt to call the patient at this number.

Name of Hospital Where Certificate Completed (Pg. 8): _____

Name of Clinician Who Completed Certificate (Pg. 8): _____

Title of Clinician Who Completed Certificate (Pg. 8): _____

Date Certificate of Admission Was Signed (Pg. 8): _____

Email Address for Notices to Hospital/Petitionee: _____

Fax Number for Notices to Hospital/Petitionee: _____

Phone Number to Reach Petitionee at Hospital: _____

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

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

Date: _____

Name of person (petitionee) sought to be admitted

INSTRUCTIONS TO PETITIONER:

1. Involuntary Emergency Admission (IEA) Forms:

- a. Petition:** (pages 3 - 4) Any “responsible person” may be the petitioner. The person 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 5) A second 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 (PA), advanced practice registered nurse (APRN), or designee shall complete and sign the physical exam (page 6) and mental health exam (page 7).
- d. Certificate:** Only a physician, PA, or APRN authorized by a community mental health program or Designated Receiving Facility may complete and sign the certificate of examining physician (page 8). Designees may not complete and sign page 8. Every line of the certificate must be completed. Failure to do so may result in dismissal of the petition and discharge of the petitionee to the community.

2. 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 petitioner may complete and sign a petition (pages 3-4) and a petitioner or law enforcement officer may complete and sign a complaint and prayer and have the complaint and prayer signed by a justice of the peace. With the IEA petition (pages 3-4 completed) and the complaint and prayer signed by a justice of the peace, a law enforcement officer is authorized to locate the person and deliver the person 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. The complaint and prayer form may be found on the Court’s website: www.courts.nh.gov.

3. Custody: The physician, PA, or APRN signing the certificate shall specify whether transport to the facility named in the certificate (page 8) shall be by ambulance or law enforcement. (For children, the parent, guardian or legal custodian shall be consulted pursuant to RSA 135-C:29, II).

4. Hearing: The petitioner must attend an IEA hearing, which will be held by the Circuit Court within 3 days (excluding Sundays and holidays) after the certificate is completed. The petitioner and any witness(es) may be asked to testify to facts in addition to what they have written on the petition. The petitioner and any witness(es) should have a copy of their statements with them so they can refer to the statements during the hearing. It is the responsibility of the petitioner to notify the witness(es) of hearing date and time.

5. Contact: The petitioner must provide a direct telephone number (not to a switchboard or receptionist) on the cover sheet. The petitioner will receive a copy of the completed petition including the notice of hearing via email from the court. If the petitioner does not attend the hearing, in person or by phone, the petition may be dismissed and the person may be discharged back to the community.

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

PETITIONER'S STATEMENT

1. I, _____, respectfully represent that
Name of petitioner

Name of person (petitionee) sought to be admitted Date of Birth 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 the person 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 that is specifically authorized to treat a person's acute symptoms of mental illness.

2. I believe the person 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, the person has inflicted serious bodily injury on themselves 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, I(a).
- (b) Within the past forty (40) days, the person has threatened to inflict serious bodily injury on themselves 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, I(b).
- (c) The person's behavior demonstrates that the person so lacks the capacity to care for their own welfare that there is a likelihood of death, serious bodily injury, or serious debilitation if admission is not ordered. RSA 135-C:27, I(c).
- (d) The person meets **all** of the following criteria:
 - (1) 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;
 - (2) The person has had at least one probate court involuntary admission, within the last two years, pursuant to RSA 135-C:34-54;
 - (3) The person has no guardian of the person appointed pursuant to RSA 464-A;
 - (4) The person is not subject to a conditional discharge granted pursuant to RSA 135-C:49, II;
 - (5) The person has refused the treatment determined necessary by a mental health program approved by the Department of Health and Human Services; and
 - (6) 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 the person inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

WITNESS'S STATEMENT

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

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

Telephone No.: _____ Agency (if any): _____
Where you can be reached directly

Describe all specific dangerous acts or behaviors that _____ engaged in.
Name of person (petitionee) sought to be admitted

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.

Date: _____ Time: _____ Place: _____

Description:

Date: _____ Time: _____ Place: _____

Description:

See additional page(s)

*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 the witness provides information about the person's dangerous conduct.

REQUIRED SIGNATURE (Signature needed only if a witness writes 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 (petitionee) sought to be admitted

Print Physician, PA, APRN, or Designee's name & title

Phone number where reachable

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.

See additional page(s)

By signing below, I certify that the patient named above is medically approved for admission to an inpatient psychiatric Designated Receiving Facility.

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

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

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

Print Physician, PA, APRN, or Designee's name & title Phone number where reachable

and Street Address (Do not list PO Box) 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.

See additional page(s)

REQUIRED SIGNATURE:

_____ Date

_____ Signature of physician, PA, APRN, or designee completing page 7

_____ Print or type name of physician, PA, APRN, or designee completing page 7

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

CERTIFICATE OF EXAMINING PHYSICIAN, PHYSICIAN ASSISTANT OR APRN FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

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

1. I am a physician, PA, or APRN licensed by the State of New Hampshire, and I am approved to certify involuntary admissions by:
 A community mental health program: _____
Print name of program

OR

A Designated Receiving Facility: _____
Print name of DRF

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

3. 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 6.

4. 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 7.

5. As a result of such examinations 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), I find and hereby certify that in my opinion, the criteria of RSA 135-C:27 are satisfied, as the person is in such mental condition as a result of mental illness that the person poses a serious likelihood of danger to self or others.

6. I understand that I may be required to appear in court for a hearing concerning this certificate, especially if my certificate is illegible.

7. The Designated Receiving Facility which can best provide the degree of security and treatment required by the person (petitionee) sought to be admitted is as follows: *(check one DRF)*
 Concord Hospital - Franklin Cypress Center Elliot Hospital Hampstead Hospital
 New Hampshire Hospital Parkland Hospital Portsmouth Regional Hospital

8. I contacted, or designated _____ to contact the facility checked above.
Printed name of person designated

9. I conveyed that this Involuntary Emergency Admission is pending and provided the Notice of Rights that was attached as page 10 to the person (petitionee) sought to be admitted.

10. The foregoing statements are true to best of my knowledge and belief.

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

**THE STATE OF NEW HAMPSHIRE
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NOTICE OF HEARING
(to be completed by Court staff only)

These are CONFIDENTIAL Hearings and Files

Petitionee: _____ Case #: _____

This Petition has been scheduled for:
Probable Cause Hearing

Date: _____ **Location:** _____

Time: _____

- **This hearing will be heard telephonically.**
- **The Court will contact all parties using the information provided on the cover sheet (page #1).**
- **If your contact information on page #1 is incorrect or needs to be updated, please contact the Court immediately at concordcircuitiea@courts.state.nh.us.**

1. Please do not speak when another person is speaking. You will be given your opportunity to speak.
2. Please be in a location with as little background noise as possible. You may be required to mute yourself if the background noise at your location becomes a distraction.
3. Please do not participate in the hearing while driving. Be in a location with adequate cellular service.
4. If there are other people with you, please identify those individuals at the beginning of the hearing. There may be reasons the Judge may ask others with you to leave the room.

If you are unable to appear at this scheduled hearing, you must request a continuance from the Court and explain the reasons why you are unable to appear. You must appear on the scheduled date unless you receive notification from the Court that a request to continue the hearing has been granted.

NOTICE OF APPELLATE RIGHTS

If you receive an adverse decision in the Court you have the right to appeal the decision of the Circuit Court by filing an appeal in the New Hampshire Supreme Court. This is an appeal only on questions of law. In other words, the Supreme Court will not re-determine questions of fact already decided by the Circuit Court. You must file your appeal with the Supreme Court within thirty (30) days of the date on the Circuit Court's written notice of the decision. You may wish to contact an attorney to help you with this.

Petition with completed Notice of Hearing emailed to all parties by the court

Date and time of email

Case Name: _____

Case Number: _____

PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)

NOTICE OF RIGHTS OF PERSON (PETITIONEE) SOUGHT TO BE ADMITTED

Any person sought to be involuntarily admitted for involuntary emergency admission has the following rights:

1. To be represented by legal counsel.
2. To have legal counsel appointed if you are unable to pay for counsel.
3. To have a hearing in the Circuit Court within three days, not including Sundays and holidays, to determine if there was probable cause for involuntary admission.
4. To apply for admission on a voluntary basis.
5. To consult with legal counsel prior to a change in admission status.
6. That involuntary emergency admission cannot exceed a period of 10 days, not including Saturdays and Sundays, unless the period is extended pursuant to RSA 135-C:32.
7. That no treatment shall be administered during involuntary emergency admission unless the person makes an informed decision, as defined in RSA 135-C:2, IX, to consent to treatment, or unless a medical or psychiatric emergency exists in accordance with RSA 135:21-b.
8. That the person or their attorney has the right to waive the probable cause hearing in accordance with RSA 135-C:31.

If you have questions about these rights, please contact your legal counsel. If legal counsel is being appointed because you are unable to pay, legal counsel will contact you prior to the probable cause hearing.