

THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH

http://www.courts.state.nh.us

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

Case Name: \_\_\_\_\_

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

**PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)**

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of person sought to be admitted

**INSTRUCTIONS TO PETITIONER:**

**1. Involuntary Emergency Admission (IEA) Forms:**

- a. **Petition:** (pages 2 - 3) Any "responsible person" may be the petitioner. S/he 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 4) A 2<sup>nd</sup> 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, APRN, or designee shall complete and sign the physical exam (page 5) and mental health exam (page 6). A physician's assistant may complete and sign pages 5 and/or 6 *only if* a supervising physician/APRN co-signs.
- d. **Certificate:** Only a physician or APRN, authorized by a community mental health center or designated receiving facility, may complete and sign the certificate of examining physician (page 7) *(please note: designees and physician's assistants may not complete and sign page 7.)*
- e. **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 responsible person may complete and sign a petition (pages 2-3) and a complaint and prayer. The petitioner shall give the complaint and prayer, after it has been also signed by a justice of the peace, with the IEA petition (pages 2-3 completed), to a law enforcement officer who is authorized to locate the person and deliver her/him 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.

**2. Custody:** After all 7 pages of the IEA form have been completed and signed, a law enforcement officer shall take the patient to the facility named in the physician's certificate (page 7). (A doctor may order an ambulance for children. RSA 135-C:29(II)).

**3. Hearing:** The petitioner must attend an IEA hearing, which will be held by the Circuit Court within 3 days (excluding Sundays and holidays) after admission to a designated receiving facility.

**4. Contact:** All petitioners shall contact the Designated Receiving Facility (named on page 7 - where the person was involuntarily admitted on an emergency basis) during business hours to find out the date, place, and time of the hearing. If the petitioner does not attend the hearing, in person (or by phone at NHH), the petition may be dismissed and the person may be discharged back to the community. Designated Receiving facilities are:

- **Cypress Center-** (603) 668-4111 ext.4175 (no phone testimony)
- **Elliot Hospital-** (603) 663-4400 (no phone testimony)
- **Franklin Hospital-** (603) 934-7097 (phone testimony available)
- **New Hampshire Hospital-** (603) 271-5751 or 271-5750 (phone testimony available)\*

\*NOTE: If you wish to testify by telephone at NHH, you must provide NH Hospital with a direct phone number (not a receptionist) and be available when the Court Hearing Officer/Judge calls. You may be asked to testify to facts in addition to what you have written on the petition. You should have a copy of the petition with you, so you can refer to it, during the hearing.











Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**PETITION AND CERTIFICATE FOR INVOLUNTARY EMERGENCY ADMISSION (IEA)**

**STATE OF NEW HAMPSHIRE  
CERTIFICATE OF EXAMINING PHYSICIAN OR APRN  
FOR INVOLUNTARY EMERGENCY ADMISSION**

I, \_\_\_\_\_ certify as follows:  
Print name of certifying physician or APRN (required) (PA's should not complete this form.)

1. I am a physician licensed to practice medicine in the State of New Hampshire, or I am an APRN licensed by the State of New Hampshire, and I am approved to certify involuntary admissions by

\_\_\_\_\_  
Print the name of the community mental health program or Designated Receiving Facility that authorized you to certify IEA petitions

2. I am not a relative of the person named in this petition who is alleged to be mentally ill.

3. On \_\_\_\_\_, at \_\_\_\_\_  a.m.  p.m., which is within three (3) days of completion of the attached petition, I personally examined:

\_\_\_\_\_  
Name of person sought to be admitted

4. 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 5.

5. 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 6.

6. As a result of such examinations (pages 5-6) 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 (pages 2-3), I find and hereby certify that in my opinion, the criteria of RSA 135-C:27 is satisfied, as the person is in such mental condition as a result of mental illness that s/he poses a serious likelihood of danger to self or others.

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

8. The Designated Receiving Facility which can best provide the degree of security and treatment required by the person sought to be admitted is as follows: (*check one DRF*)

- Cypress Center
- Elliot Hospital
- Franklin Regional Hospital
- New Hampshire Hospital

9. I contacted, or designated \_\_\_\_\_ to  
Printed name of person designated to contact Designated Receiving Facility to approve transport.  
contact the facility checked in paragraph #8 above and conveyed that this Emergency Involuntary Admission (IEA) is pending.

10. The foregoing statements are true to the best of my knowledge and belief. Date: \_\_\_\_\_

**REQUIRED SIGNATURE** (do not sign this section unless you are a certifying physician or APRN)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of physician or APRN completing this certificate

\_\_\_\_\_  
Print name & title of physician or APRN  
completing this certificate

\_\_\_\_\_  
# and Street (Do not list PO Box) City State Zip

\_\_\_\_\_  
Phone number where you can be reached.