

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

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

Petitionee: \_\_\_\_\_ Case #: \_\_\_\_\_

**Instructions to the Petitioner:** Please provide the information requested on this page in sections 1 and 2. Leave section 3 blank. Then complete the Petitioner's statement on the next several pages including completion of **only the relevant sections** for danger.

The Court will treat information provided as confidential and it will not be released to anyone other than the parties.

**1. PETITIONEE'S INFORMATION**

Name of Person Sought to be Admitted (Petitionee): \_\_\_\_\_

Address of Person Sought to be Admitted: \_\_\_\_\_

Phone Number of Person Sought to be Admitted (Petitionee): \_\_\_\_\_

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

Interpreter/translator needed Language: \_\_\_\_\_

**2. PETITIONER'S INFORMATION**

Your Name (Petitioner): \_\_\_\_\_

Your Address (Petitioner): \_\_\_\_\_

Your Daytime Direct Phone Number (Petitioner): \_\_\_\_\_ Ext. \_\_\_\_\_

Your Email Address (Petitioner): \_\_\_\_\_

Interpreter/translator needed Language: \_\_\_\_\_

**3. HOSPITAL AND CERTIFICATE INFORMATION**

Name of Hospital Where Certificate Was Completed: \_\_\_\_\_

Date Certificate of Admission Was Signed: \_\_\_\_\_

Email Address for Notices to Hospital/Petitionee: \_\_\_\_\_

Fax Number for Notices to Hospital/Petitionee: \_\_\_\_\_

Phone Number to Reach Petitionee at Hospital: \_\_\_\_\_ Ext. \_\_\_\_\_

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

**PETITIONER’S STATEMENT:**

New Hampshire law allows for any responsible person to be the Petitioner. There can be only one Petitioner. The Petitioner must be prepared to testify at any IEA hearing. **The Petitioner must include specific information about the person’s behaviors deemed to be dangerous as a result of mental illness.**

*Dangerous acts or behaviors may include: serious bodily injury to self; attempted suicide; threats to harm self or to attempt 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.*

I, \_\_\_\_\_, relationship to Petitionee \_\_\_\_\_  
Name of Petitioner

respectfully represent that \_\_\_\_\_  
Name of person sought to be admitted (Petitionee) Date of birth of Petitionee

needs to be involuntarily admitted to a Designated Receiving Facility on an emergency basis, because they are 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.

**INSTRUCTIONS:**

In the Petitioner’s Statement there are five separate sections related to “danger to self” and “danger to others”. Please review each section. Check the box and complete the description for all that apply.

I state that the person has engaged in the following dangerous acts as a result of their mental illness. *Note: Did you personally observe the acts or behaviors? If not, explain how you know about the acts or behaviors.*

**Danger to Self - RSA 135-C:27, I**

(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.

**Description (include dates and places, if possible):**

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See further descriptions on additional page(s).





**PETITIONER'S STATEMENT CONTINUED**

(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 admission is not ordered.

**Description (include dates and places, if possible):**

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See further descriptions on additional page(s)

**PETITIONER'S STATEMENT CONTINUED**

**Danger to Others - RSA 135-C:27, II**

Within the past forty (40) days, the person inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.

**Description (include dates and places, if possible):**

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See further descriptions on additional page(s)

**PETITIONER'S STATEMENT CONTINUED**

The information contained in this statement is true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Printed name of Petitioner

**END OF PETITIONER'S STATEMENT**

**Next Steps for Petitioner:**

Witness Statements (optional):

You do not have to submit Witness Statements. If you choose to do so, you may use the Witness Statement page which is the next page of this Petition. If you want to submit more than one Witness Statement, copy the Witness Statement page for other witnesses. All Witness Statement(s) must be included with this Petition.

Mental Health Examination at a local emergency department:

**If the Petitionee is at a local emergency department now or is able to be brought safely to a local emergency department for a mental health examination:**

- Please review the Petitioner's Statement, attach signed Witness Statement(s), if any, sign above, and print the entire Petition.
- The entire Petition will need to be given to emergency department staff to complete the remaining pages.

**If the Petitionee is not at a local emergency department, is not able to be safely brought to a local emergency department for a mental health examination and there are no other safe options:**

- You may request law enforcement to take custody and transport the Petitionee.
- Please review the Petitioner's Statement, attach signed Witness Statement(s), if any, sign above, and print the entire Petition.
- In addition, you will need to complete a Complaint form (**NHJB-2829-D**) along with this Petition and bring both documents to a Judge/Justice of the Peace for review.
- If the Complaint form is signed by a Judge/Justice of the Peace, bring the Complaint form along with the Petition to law enforcement. Law enforcement is authorized to take custody of the Petitionee and transport and deliver the Petitionee to a local emergency department for a mental health examination.

Further Information:

- If the Petition becomes a Court case, notices from the Court will be provided by email only and will come from the following email address: [ConcordCircuitEA@courts.state.nh.us](mailto:ConcordCircuitEA@courts.state.nh.us).
- If the Petition becomes a Court case, please notify the Court of any updates/corrections to your phone number prior to any scheduled hearing.

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

**WITNESS STATEMENT(S) (optional):**

Any witness statement(s) must include specific information about the person's behaviors deemed to be dangerous as a result of their mental illness. Any witness(es) must be prepared to testify at any IEA hearing if requested by the Petitioner.

NOTE: It is the responsibility of the Petitioner to notify the witness(es) of hearing date and time.

*Dangerous acts or behaviors may include: serious bodily injury to self; attempted suicide; threats to harm self or to attempt 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.*

I, \_\_\_\_\_, relationship to Petitioner \_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Witness Address

\_\_\_\_\_  
Witness Phone Number

\_\_\_\_\_  
Witness Email

respectfully represent that \_\_\_\_\_  
Name of person sought to be admitted (Petitioner)

has engaged in the following dangerous acts and that **I have personal knowledge of these dangerous acts:**

**Description (include dates and places, if possible):**

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See further descriptions on additional page(s)

**The information contained in this Witness Statement is true to the best of my knowledge and belief.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed name of Witness



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

**PHYSICAL EXAMINATION - To Be Included in Certificate for IEA:**

A physician, physician assistant (PA), advanced practice registered nurse (APRN), or designee shall complete and sign.

I, \_\_\_\_\_ of \_\_\_\_\_  
Name & title Name of hospital/agency and phone number

completed a physical examination of

\_\_\_\_\_ on \_\_\_\_\_  
Name of person sought to be admitted (Petitionee) Date and time

and certify that the person named above is medically approved for admission to an inpatient psychiatric Designated Receiving Facility.

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. Provide the reason below if a physical examination was not performed.

Lined area for notes and medical information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician, PA, APRN, or Designee completing physical examination

\_\_\_\_\_  
Printed name of Physician, PA, APRN, or Designee completing physical examination



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

**CERTIFICATE:**

A physician, physician assistant (PA), advanced practice registered nurse (APRN), approved by a community mental health program or a Designated Receiving Facility may complete and sign this certificate. Designees may not complete and sign this certificate. Failure to fully complete this certificate may result in dismissal of the Petition and discharge of the Petitionee to the community.

I, \_\_\_\_\_ of \_\_\_\_\_  
Name & title Name of hospital/agency and phone number

state and certify as follows:

1. I am a Physician, PA, or APRN licensed by the State of New Hampshire. I am on the list of Physicians, PAs, or APRNs maintained by the DHHS Commissioner and approved by the following Designated Receiving Facility or community mental health program approved by the Commissioner: \_\_\_\_\_
2. I am not a relative of the person named in this Petition.
3. On \_\_\_\_\_ (date), which is within three (3) days of completion of the attached Petition, \_\_\_\_\_ (Name of person to be admitted (Petitionee)) was examined. I conducted or have reviewed the Physical Examination and/or Mental Examination contained in the preceding pages of this Petition and Certificate.
4. As a result of the examinations, and based upon the acts or behaviors which were reported and listed by the Petitioner (and Witness, if any) on the attached Petition, I find and certify that in my opinion, the criteria of RSA 135-C:27 are satisfied. 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.

If applicable - In addition, I relied on the following acts/actions that I observed that are not otherwise contained as part of the Petition and Examinations:

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

5. I understand that I may be required to appear in Court for a hearing concerning this certificate.
6. Pursuant to RSA 135-C:28, by signing this form, I understand that I must inform the person (Petitionee) sought to be admitted of the selected Designated Receiving Facility that they will be transported to upon the facility location being identified. Transport to the facility 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):  
 Concord Hospital - Franklin       Cypress Center       Elliot Hospital  
 Hampstead Hospital       New Hampshire Hospital (Concord)       Parkland Hospital  
 Portsmouth Regional Hospital       Other DRF(specify) \_\_\_\_\_
7. The Petitionee has been informed that this Involuntary Emergency Admission is pending and has been provided the *Notice of Rights of Person Sought to be Admitted (Petitionee)*.
8. The foregoing statements are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician, PA or APRN  
completing this certificate

\_\_\_\_\_  
Printed name of Physician, PA or APRN  
completing this certificate

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

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.