



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
PROFESSIONAL STANDARDS OF CONDUCT



DIRECTIVE TITLE: INVOLUNTARY EMERGENCY ADMISSIONS **DIRECTIVE**
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CHAPTER 41-F
INVOLUNTARY EMERGENCY ADMISSIONS

41-F.1.0 Discussion:

The purpose of this procedure is to provide all State Police personnel with guidelines to utilize when addressing the issue of initiating action under the Involuntary Emergency Admission (RSA 135-C:27-33). Problems have sometimes arisen in the past in getting assistance from the proper authorities to enable the State Police to involuntarily commit a person with mental problems to the State Hospital. One major problem has been interpretation of the proper procedures to be followed and the lack of trained assistance from mental health personnel. The following directive will dispel any inconsistency and provide the correct procedure to be followed.

41-F.1.1 Eligibility for IEA:

- A. The criterion to be used in determining whether or not a person is eligible for an IEA is whether that person is in such a mental condition, as a result of mental illness, as to pose a strong likelihood of danger to him/herself or others as follows:
1. Within the past 40 days of completion of the petition, the person has inflicted serious bodily injury on himself 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;
 2. Within the past 40 days of completion of the petition, the person has threatened to inflict serious bodily injury on himself and there is likelihood that an act or attempt of serious self-injury will occur if admission is not ordered; or
 3. The person's behavior demonstrates that he/she lacks the capacity to care for his/her own welfare that there is a likelihood of death, serious bodily injury or serious debilitation if admission is not ordered; or

4. Within 40 days of the completion of the petition, the person has inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another.
- B. Mental illness means a substantial impairment of emotional process, or of the ability to exercise conscious control of one's actions, or the ability to perceive reality or to reason, where the impairment is manifested by instances of extreme abnormal behavior or extreme faulty perception. It does not include any impairment primarily caused by:
1. Epilepsy;
 2. Mental retardation;
 3. Intoxication caused by alcohol or drugs, or;
 4. Dependence on or addiction to any substance such as alcohol or drugs.
- C. The trooper will be required to make the initial and immediate on scene evaluation of the person and attempt to talk with the person or persuade the person to go for a physical examination. When you first encounter such a person, make contact with the local community mental health facility. They can provide invaluable assistance in carrying out the necessary procedures.
1. If local community mental health facilities are not available (weekends, late at night) most hospital emergency rooms can provide assistance with IEAs.

41-F.1.2 Petition for Involuntary Emergency Admission:

- A. The initial step in the process for the Involuntary Commitment of a person with mental problems is the completion of the petition for IEA. The appropriate form is contained in Appendix A of Chapter 41-F.
- B. The petitioner is the person seeking the IEA and may be a physician, a member of the professional staff of the local community mental health facility or anyone seeking the IEA.
1. While troopers are not excluded from signing and acting as petitioners by the statute, Divisional policy shall dictate that all other avenues be exhausted before a trooper acts as a petitioner. More appropriately, troopers shall request a family member or the medical or health professionals involved in the case to do so. Make sure the form is complete and signed.

41-F.1.3 Certificate of Examining Physician:

- A. The second step in the process for the Involuntary Commitment of a person with mental problems is the completion of the certificate by the physician. The appropriate form is contained in Appendix B of this Chapter.
1. The certificate shall be completed by a qualified physician which can be the family physician, a hospital physician or another qualified physician.

2. The certificate shall be completed in detail and signed by the examining physician, listing the acts he or she has observed or which others have witnessed.

41-F.1.4 Custody:

- A. When both of the previously mentioned documents are completed and signed, they result in a valid basis for State Police officers to take custody of an individual and deliver him to the State Hospital or other approved receiving facility. It is necessary to have Hospital Security notified of the impending arrival so that they may advise the doctor and be given ample time for preparation.
- B. The sheriff of any county, upon request, as described in 135-C:63, shall transport any person to a receiving facility once the provisions of RSA 135-C:62 have been complied with.

41-F.1.5 Complaint and Prayer for Compulsory Mental Examination:

- A. If a person sought to be hospitalized refuses to consent to a physical examination, the petitioner (person who signed the petition for IEA) or the trooper may sign a complaint which sets forth in detail the acts or admissions of the person to be hospitalized which, in his opinion, requires compulsory mental examination of the person sought to be detained. The appropriate form is contained in Appendix C of this Chapter.
 1. The complaint must be sworn to before a Justice of the Peace who shall determine if the mental examination is necessary.
 2. Once the petition and the complaint have been signed and if the Justice of the Peace orders an examination, the trooper may take custody of the person and deliver that person to the place specified in the court order.

41-F.1.6 District Court Hearing:

- A. Every person who is subject to an IEA must have a hearing in the District Court having jurisdiction in the area of the receiving facility within three days of detention not including Sundays and holidays and subject to the notice requirements of RSA 135-C:31. In most cases, this hearing is held in the receiving facility.
 1. The receiving facility will notify both the court and the petitioner of the hearing.
 2. The petitioner **must be present** at the hearing.

41-F.1.7 Voluntary Admissions:

- A. In cases of voluntary admissions, transportation is not a legislated guarantee. If the State Police become involved in a situation where a person is going to voluntarily commit him/herself, the trooper will inform the person, relatives or friends that they will be required to transport the person to the State Hospital and will be required to standby at the hospital until the person has been accepted for

admission.

- B. If the hospital will not accept the patient, the person transporting will be required to return the patient to his/her home. They will also have to make arrangements with the State Hospital to accept the patient. It is recommended that voluntary admissions be made through the local community mental health facility or through a family physician.

41-F.2.1 Reports:

- A. A case number shall be drawn and a report, along with copies of all pertinent forms completed by the investigating Division member, shall be submitted.

that they will be required to transport the person to the State Hospital and will be required to standby at the hospital until the person has been accepted for admission.

- B. If the hospital will not accept the patient, the person transporting will be required to return the patient to his/her home. They will also have to make arrangements with the State Hospital to accept the patient. It is recommended that voluntary admissions be made through the local community mental health facility or through a family physician.

41-F.2.1 Reports:

- A. A case number shall be drawn and a report, along with copies of all pertinent forms completed by the investigating Division member, shall be submitted.

SOURCES: NH RSA 135-C

C.A.L.E.A. STANDARD(S):

CHAPTER 41-F

APPENDIX A

PETITION FOR INVOLUNTARY EMERGENCY ADMISSION

Discussion:

The attached form will be completed and signed by the petitioner who is seeking the IEA of a person.

THE STATE OF NEW HAMPSHIRE

PETITION FOR INVOLUNTARY EMERGENCY ADMISSION

To the Honorable District Court:

Your petitioner, _____, of _____
(name) (address)
in _____ County in the State of _____
respectfully represents that _____
(name/DOB of person sought to be hospitalized)
of _____ in _____ County in the _____ (address)

State of _____ needs to be hospitalized pursuant to RSA 135-C:27, because that person is in such mental condition as a result of mental illness as to pose a strong likelihood of harm to himself or others, as evidenced by a recent overt act, attempt or believable threat to do harm to himself or others as demonstrated by the acts or behaviors indicated below:

(Circle one or more of the letters A through D below to indicate the applicable criteria which show that, as a result of mental illness, the person poses a strong likelihood of harm to himself or others.)

- A. Within the past 40 days the individual sought to be detained has inflicted or attempted to inflict serious bodily harm on another.
- B. Within the past 40 days the individual attempted suicide or serious self-injury and there is a strong possibility that these attempted acts will occur again if hospitalization is not ordered.
- C. The individual's behavior demonstrates that the individual so lacks the capacity to care for his/her own welfare that death, serious bodily injury or serious debilitation would ensue if immediate hospitalization is not ordered.
- D. Within the past 40 days the individual has threatened to inflict serious bodily harm on himself or another.

(Complete the following blanks describing the specific acts or behaviors which correspond to the applicable criteria, A through D, indicated on the previous page.)

1. Witness' name: _____ Address: _____ Telephone: _____ Acts or behaviors
observed _____ by _____ witness:

2. Witness' name: _____ Address: _____ Telephone: _____ Acts or behaviors
observed _____ by _____ witness:

_____ (Additional witnesses may attach
additional sheets.)

As the petitioner, I understand that unless a hearing is waived by the person sought to be detained, I, or an attorney acting on my behalf, am to appear before the Court at a hearing at a time and place designated by the Clerk of Court in order to show probable cause for the above-named person's hospitalization. The law requires that the Clerk schedule this hearing within three (3) days after the person's detention, not including Sundays and Holidays.

I understand that I must contact the Clerk of District Court at the place where the person is first hospitalized on the next business day to find out the date, time and place of the hearing so that I can be present. At that hearing, I will be prepared to present the witnesses named above. I understand that if any witness I require refuses to attend the probable cause hearing, I may contact the Clerk of the District Court where the hearing will be held and procure a subpoena to compel the attendance of that witness. I further understand that I may obtain a continuance of the hearing if I have a reason for delaying the hearing that will satisfy the Court. I may contact the Clerk of Court regarding continuances.

I understand that my failure to appear at the hearing may result in the immediate discharge of the person whom I seek to have detained. I understand that an IEA can be valid for up to ten (10) days.

_____, 20

(Signature of Petitioner)

Address & Tel. No. of Petitioner

CHAPTER 41-F
APPENDIX B
CERTIFICATE OF EXAMINING PHYSICIAN

Discussion: The attached form will be completed and signed by the Examining Physician.

**CERTIFICATE OF EXAMINING PHYSICIAN
FOR
INVOLUNTARY EMERGENCY ADMISSION**

I, _____, a resident of _____,
and the State of New Hampshire certifies the following:

1. That I am legally registered to practice medicine in the State of New Hampshire and that I am not a relative of the person alleged to be mentally ill.
2. That on the ____ day of ____, 19__ A.D., at __ am/pm, within three (3) days of receiving the attached petition, I personally examined _____, (Name&DOB) a resident of _____ (city/town) in the County of _____.

and as a result of such examination find and hereby certify that in my opinion he/she is in such mental condition as a result of mental illness as to pose a strong likelihood of harm to himself/herself or others. "Mental illness" means a substantial impairment of emotional processes, or of the ability to exercise conscious control of one's actions, or of the ability to perceive reality or to reason which impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions; it does not include impairment primarily caused by: (a) epilepsy, (b) mental retardation, (c) continuous or noncontinuous periods of intoxication caused by substances such as alcohol or drugs, (d) dependence upon or addiction to any substance such as alcohol or drugs.

3. The results of the **physical** examination which I (conducted) or (caused) to be conducted by _____ (name, degree, affiliation) are as follows:

NOTE: Describe below, in detail, the nature of the 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 detention. If examination is not done, state reason.

4. The results of the **mental** examination which I (conducted) or (caused to be conducted by _____ (name, degree, affiliation) are as follows:

NOTE: Describe below, in detail, the nature of the examination and list any known past or present mental conditions, hospitalizations for psychiatric reasons, psychotropic medications, current mental content, orientation, memory, judgement, speech productiveness, coherence, emotional tone, insight, activity level, appearance and any pertinent information on the patient's mental state.

5. Acts or behaviors indicating strong likelihood of harm to self or others that (I have observed/have been reported to me) are as follows:

NOTE: Mention only those specific acts which will satisfy the statute (see page 2 of Appendix A)

A. Witness' name: _____ Address: _____
Telephone No. _____ Acts or behaviors observed by witness:

B. Witness' name: _____ Address: _____
Telephone No: _____ Acts or behaviors observed by witness:

(Additional witnesses may attach additional sheets.)

6. Statements indicating intention to kill, or inflict serious bodily harm on oneself or others which were stated by the patient (in my presence/in the presence of others) are as follows (use quotes if possible):

A. Witness' name _____ Address: _____
Telephone No. _____ Statements heard by witness:

B. Witness' name: _____ Address: _____
Telephone No. _____ Statements heard by witness:

_____ (Additional witnesses may attach additional sheets)

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. I certify that the foregoing statements are true to the best of my knowledge.

Dated this _____ day of _____, 19__.

(Physician Signature)

(Address & Telephone)

CHAPTER 41-F

APPENDIX C

**COMPLAINT AND PRAYER FOR
COMPULSORY MENTAL EXAMINATION**

Discussion: The attached form will be used if a person sought to be hospitalized refuses to consent to a physical examination.

The State of New Hampshire

_____, ss.

**COMPLAINT AND PRAYER
FOR COMPULSORY MENTAL EXAMINATION
PURSUANT TO RSA 135-C:28**

To Any Justice of the Peace:

The undersigned complains to said Justice of the Peace that
_____ of
(name) (address)

in _____ County is in need of involuntary emergency admission (IEA) in accordance with RSA 135-C:27-33 because said person appears to be in such mental condition as a result of mental illness, as defined in RSA 135-C:2 X, as to pose a likelihood of danger to himself or others. Such likelihood of danger to himself or others evidenced by the recent overt acts, attempts or believable threats set forth in the attached completed Petition for IEA which is part of the IEA form attached, and have been either personally observed by or personally reported to me.

It is the opinion of your complainant that the acts or actions reported on the Petition for IEA herewith and those reported below require a compulsory mental examination of the said _____ in accordance with RSA 135-C:28. The said _____ will not consent to such an examination.

Additional acts or actions indicating that _____ should be subjected to a compulsory mental examination are:

(Signature of IEA Petitioner/Law Enforcement Officer)

(Date)

The State of New Hampshire

_____, ss.

STATEMENT BY JUSTICE OF THE PEACE

Personally appeared before me:

(Petitioner/Law Enforcement Officer)

and made oath that the facts alleged in foregoing are true by his/her knowledge and belief.

Sworn before me this ____ day of _____ 20

The foregoing, having been presented to me in accordance with RSA 135-C:28 II, I find that a compulsory mental examination is necessary and hereby order any law enforcement officer to take custody of the said _____ and deliver him/her to _____ where a compulsory mental examination is to be conducted for purposes of considering whether or not an involuntary emergency admission (IEA) shall be ordered in accordance with RSA 135-C:27-33.

Date: _____

Justice of the Peace

NOTE: An Involuntary Emergency Admission form with the Petition for Involuntary Emergency Admission section completed MUST accompany this form.