

**CIVIL ORDER FOR REMOVAL TO HOSPITAL
(Pursuant to Section 9.43 of the Mental Hygiene Law)**

STATE OF NEW YORK

_____ COURT, _____

(CITY, COUNTY, OR VILLAGE)

IN THE MATTER OF HOSPITALIZATION
PURSUANT TO SECTION 9.43 OF THE
MENTAL HYGIENE LAW, OF

AN ALLEGED MENTALLY ILL PERSON

_____ being brought before this court and it appearing to the court, on the basis of evidence presented to it, that such person has or may have a mental illness which is likely to result in serious harm to himself or others and the Director of _____, a hospital specified in Section 9.39 of the Mental Hygiene Law having agreed to receive such person, for determination whether such person should be retained.

NOW, THEREFORE, it is

ORDERED that pursuant to the provisions of Section 9.43 of the Mental Hygiene Law, the said _____ be removed to _____ for a determination by the Director of such hospital whether such person should be retained therein pursuant to the provisions of Section 9.39 of such law.

DATED _____ 19 _____

(SIGNATURE)

(PRINT NAME TO BE SIGNED)

Justice or Judge, _____

(COURT)

APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

Note: The Examining Physician must consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization.

Section 9.27 Mental Hygiene Law

I. GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION

A. Standard for Admission

A person alleged to be mentally ill and in need of involuntary care and treatment may be admitted to a hospital providing inpatient services for the mentally ill, upon the certificates of two examining physicians accompanied by an application for admission for such person.

- "In need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment.
- The person in need of involuntary care and treatment must, as a result of his or her mental illness, pose a substantial threat of harm to self or others.

B. Application

The application must be made within 10 days prior to admission by:

- any person with whom the person alleged to be mentally ill resides;
- the father or mother, husband or wife, brother or sister or the child of any such person or the nearest available relative;
- the committee of such person;
- an officer of any public or well recognized charitable institution or agency or home in whose institution the person alleged to be mentally ill resides;
- the director of community services or social services official, as defined in the social services law, of the city or county in which any such person may be;
- the director of the hospital or of a general hospital, as defined in article twenty-eight of the public health law, in which the patient is hospitalized;
- the director or person in charge of a facility providing care to alcoholics or substance abusers or substance dependent persons;
- the director of the division for youth, acting in accordance with the provisions of section five hundred nine of the executive law;
- subject to the terms of any court order or any instrument executed pursuant to section three hundred eighty-four-a of the social services law, a social services official or authorized agency which has, pursuant to the social services law, care and custody or guardianship and custody of a child over the age of sixteen;
- subject to the terms of any court order, a person or entity having custody of a child pursuant to an order issued pursuant to section seven hundred fifty-six or one thousand fifty-five of the family court act; or
- a qualified psychiatrist* who is either supervising the treatment of or treating such person for a mental illness in a facility licensed or operated by the Office of Mental Health (* means a physician licensed to practice medicine in NY State, who is a diplomate of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or who is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by that Board).

C. Certification by Two Examining Physicians

The application must be supported and accompanied by two Certificates of Examining Physician (Form 471A). The examinations may be conducted jointly, but each examining physician must execute a separate certificate. If the examining physician knows that the person under examination has received prior treatment, s/he must, if possible, consult with the physician or psychologist furnishing such prior treatment.

The required examinations must be made within 10 days prior to the date of the patient's admission to the hospital.

A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person applying for admission, or of the person alleged to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital in which the patient is hospitalized or to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

D. Hospital Evaluation, Admission and Retention

A physician on the psychiatric staff of the hospital, other than the original examining physicians, must examine the person alleged to be mentally ill and confirm the need for involuntary care and treatment prior to admission.

Subsequent to admission, if no request for a court hearing is made, the director may retain the patient for up to 60 days without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

State of New York OFFICE OF MENTAL HEALTH	APPLICATION FOR INVOLUNTARY ADMISSION ON MEDICAL CERTIFICATION Section 9.27 Mental Hygiene Law
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II. GENERAL INFORMATION

A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: _____.

B. Reimbursement

The patient is legally responsible for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

PART A Application for Admission

I hereby apply for the admission of _____
(Name of person)

to _____, a hospital providing services for the mentally ill.
(Name of Hospital)

My reasons for applying for admission of this person are as follows:

Under penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

Signature of Applicant	Relationship/Title
Address	Date
	MO. DAY YEAR
	MO. DAY YEAR

PART B Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital

I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION* AND CONFIRM:

- that the person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the person poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with noncompliance with mental health treatment programs).

Signature	Date			Time	
	MO.	DAY	YEAR	A.M.	P.M.
	MO.	DAY	YEAR	A.M.	P.M.

*NOTE: Part B must be completed for new admissions and for conversions of already-admitted patients to §9.27 Involuntary Status.

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

Person's Name (Last, First, M.I.)

Sex Date of Birth

Address

CERTIFICATION

I, _____, hereby certify that:
(Name of Examining Physician)

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person

on:

MO.	DAY	YEAR			

 at _____
(place where examined)

3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill (*"in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment*); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others (*"substantial threat of harm" may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs*).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature	Print Name Signed	Title				
Address	Phone Number	Date			Time	
		Mo.	Day	Yr.	Hr.	Min.

**REQUEST BY AN EXAMINING PHYSICIAN
TO TAKE INTO CUSTODY/TRANSPORT
A MENTALLY ILL PERSON**

SECTION 9.27 (i) MENTAL HYGIENE LAW

**PART A REQUEST FOR CUSTODY AND TRANSPORTATION OF A MENTALLY ILL PERSON BY
A PEACE OFFICER**

Pursuant to the authority granted to me under Section 9.27 (i) of the Mental Hygiene Law,

I, _____ M.D., hereby request _____
(Name of Examining Physician) (Name & Badge # of Peace/Police Officer)

to take _____ into custody and transport this person to
(Name of Person)

(Name and Address of Hospital)

I have examined this person and have certified that he/she is mentally ill and in need of involuntary hospitalization. This person has also been certified as mentally ill by another examining physician and an application for admission has been completed.

(Signature) M.D. _____ (Time) _____ (date)

(Location/Address)

**PART B REQUEST FOR TRANSPORTATION OF A MENTALLY ILL PERSON BY AN AMBULANCE
SERVICE**

I, _____ M.D., request, and _____
(Name of Examining Physician) (Name of Ambulance Service)

is hereby authorized under Section 9.27 (i) Mental Hygiene Law to transport _____
(Name of Person)

to: _____
(Name and Address of Hospital)

I have examined this person and have certified that he/she is mentally ill and in need of involuntary hospitalization. This person has also been certified as mentally ill by another examining physician and an application for admission has been completed.

(Signature) M.D. _____ (Time) _____ (Date)

(Location/Address)

VOLUNTARY REQUEST FOR HOSPITALIZATION

Section 9.13 Mental Hygiene Law

You may obtain admission to a hospital for treatment of mental illness, for yourself or for a person under 16 years of age, by completing and signing this form. The admission will be on a voluntary basis. Please carefully read the information below before completing this form.

I. REQUIREMENTS FOR VOLUNTARY ADMISSION

A. Application

To be admitted to a mental hospital on a voluntary basis, a person over 18 years of age must voluntarily make written application for admission. If the person is under 16 years of age, a written application for admission must be made by one of the following:

- parent, legal guardian, or next of kin;
- a Social Services official or authorized agency with care and custody of the person pursuant to the Social Services Law, subject to the terms of any court order or any instrument executed pursuant to Section 384-a of the Social Services Law;
- the director for the Division for Youth, acting in accordance with Section 509 of the Executive Law;
- a person or an authorized representative of an entity having custody of the person pursuant to Section 756 or Section 1055 of the Family Court Act.

If the person is over 16 and under 18 years of age, the director may admit the person either as a voluntary patient on his or her own application or on application of any of the individuals authorized to make application for admission of a patient under 16 years of age.

B. Appropriateness of Admission

The hospital director must find that the person has a mental illness for which care and treatment in a mental hospital is appropriate and that such person is suitable for voluntary admission, as described below in C, in order to admit such person on a voluntary basis.

C. Suitability for Admission

In order for a person to be suitable for voluntary admission to a mental hospital, s/he must be notified of and have the ability to understand the following:

- that s/he is making an application for admission.
- that the hospital to which s/he is requesting admission is a hospital for the mentally ill.
- the nature of voluntary status and the provisions governing release or conversion to involuntary status.

D. Conversion

For an involuntary patient to be converted to voluntary status, the above requirements concerning written application and suitability for admission are also applicable.

II. GENERAL PROVISIONS OF VOLUNTARY STATUS

Patients on voluntary status must be given written notice of their status and rights on admission or conversion to voluntary status and every 120 days thereafter. At the time of such periodic notification, the written consent of the patient to his or her continued stay as a voluntary patient shall be obtained and a copy of such consent shall be given to the Mental Hygiene Legal Service.

No patient on voluntary status shall remain in such status for more than twelve months unless his or her suitability and willingness to remain a voluntary patient have been reviewed by the Mental Hygiene Legal Service.

At any time while on voluntary status, the patient or anyone acting on behalf of the patient may request information or assistance from the Mental Hygiene Legal Service. Additional information about the Service appears on the next page of this form.

Decisions about a patient's living and sleeping arrangements and the granting of privileges are based solely on the patient's mental condition.

III. PROVISIONS FOR RELEASE OF PATIENTS ON VOLUNTARY STATUS AND CONVERSION TO INVOLUNTARY STATUS

Patients on voluntary status may be: 1) continued in such status; 2) conditionally released; 3) discharged; or 4) converted to involuntary status.

A patient on voluntary status on his or her own application who desires to leave the hospital must give written notice to the hospital director. On receipt of such notice, the director shall either promptly release the patient or if there are reasonable grounds for believing that the patient meets the criteria for involuntary hospitalization, retain the patient for up to 72 hours. Before expiration of the 72 hour period, the director shall either release the patient or apply to the court for an order authorizing involuntary retention of the patient.

State of New York
OFFICE OF MENTAL HEALTH

VOLUNTARY REQUEST FOR HOSPITALIZATION
Section 9.13 Mental Hygiene Law

III. PROVISIONS FOR RELEASE OF PATIENTS ON VOLUNTARY STATUS AND CONVERSION TO INVOLUNTARY STATUS *cont.*

If the court determines that the patient is mentally ill and in need of involuntary hospitalization, the court will issue an order authorizing retention of the patient for not more than sixty days from the date of the order. Application for future retention of the patient for a period of six months and one year and successive two-year periods thereafter, may be made to the court if the patient's condition warrants further involuntary hospitalization.

If a minor patient who did not make application for his or her own admission decides to leave the hospital, written notice may be given by the patient, by the person who made application for admission of the patient, by a person of equal or closer relationship to the patient or by the Mental Hygiene Legal Service. If such notice is given by any other person, the director may in his or her discretion refuse to discharge the patient, and in the event of such refusal, such other person or the Mental Hygiene Legal Service may apply to the court for release of the patient.

IV. NOTIFICATION TO MENTAL HYGIENE LEGAL SERVICE CONCERNING ADMISSION, CONVERSION FROM ONE LEGAL STATUS TO ANOTHER, AND TRANSFER OR RELEASE OF PATIENTS UNDER 18 YEARS OF AGE.

When a person under the age of 18 years is admitted to any hospital or is converted from one admission status to another, the Mental Hygiene Legal Service will be notified of the admission or conversion within three days. The notice will specify the person's age and admission status.

No voluntary patient under 18 years of age admitted on his or her own application shall be transferred without his or her prior consent, unless three days prior written notice of the proposed transfer is given to the Mental Hygiene Legal Service and the Service has the opportunity to see the patient and review the proposed transfer.

No voluntary patient under 18 years of age admitted on the application of another person shall be transferred without the prior consent of the patient and his or her parent or legal guardian, unless three days prior written notice of the proposed transfer is given to the Mental Hygiene Legal Service and the Service has the opportunity to see the patient and review the proposed transfer.

The Mental Hygiene Legal Service will be given immediate written notice concerning the release or transfer of any patient under 18 years of age.

V. GENERAL INFORMATION

A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at:

B. Reimbursement

The patient is legally responsible for payment for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

State of New York
OFFICE OF MENTAL HEALTH

VOLUNTARY REQUEST FOR HOSPITALIZATION

Section 9.13 Mental Hygiene Law

Before completing, read the instructions on the preceding pages.

Person's Name (Last, First, M.I.)

"C" No. (if applicable)

Sex

Date of Birth

Address or Facility Name

Unit/Ward No.
(if applicable)

PART A Application for Voluntary Admission

This Part Must Be Signed by the Person Making Application for Admission on Voluntary Status or Conversion to Voluntary Status

I Have Been Notified of and Understand the Nature of Voluntary Status and the Provisions Governing Release or Conversion to Voluntary Status.

Admission

Conversion to Voluntary Status

I, _____,
hereby apply for admission
to: _____,
a hospital for the mentally ill.

I, _____, hereby
apply for Conversion to Voluntary Status at:

a hospital for the mentally ill.

My reasons for applying for admission or conversion to Voluntary Status are:

Signature of Person Who is Applying for Admission on Voluntary Status or Conversion to Voluntary Status

DATE

MO.	DAY	YEAR
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PART B Physician's Confirmation of Need for Hospitalization and Suitability for Voluntary Status

I HAVE EXAMINED THE ABOVE-NAMED PATIENT PRIOR TO ADMISSION OR CONVERSION AND CONFIRM:

- That the patient has a mental illness for which care and treatment in a mental hospital is appropriate;
- That the patient is suitable for Voluntary Status; and
- That hospitalization can reasonably be expected to improve the patient's condition or at least prevent the patient's deterioration.

Physician's Signature

DATE

TIME

MO.	DAY	YEAR	A.M.
			P.M.

State of New York
OFFICE OF MENTAL HEALTH

VOLUNTARY REQUEST FOR HOSPITALIZATION

Section 9.13 Mental Hygiene Law

Before completing, read the instructions on the preceding pages.

Person's Name (Last, First, M.I.)		"C" No. (if applicable)
Sex		Date of Birth
Address or Facility Name	Unit/Ward No. (if applicable)	

PART C Application for Voluntary Admission of a Minor

This Part Must Be Signed by the Person Who Is Applying for Voluntary Admission or Conversion to Voluntary Status of a Minor.

I Have Been Notified of and Understand the Nature of Voluntary Status and the Provisions Governing Release or Conversion to Voluntary Status.

Admission	Conversion to Voluntary Status
I hereby apply for the admission of: _____, age _____, to _____, a hospital for the mentally ill.	I hereby apply for the conversion of: _____, age _____, to Voluntary Status at: _____, a hospital for the mentally ill.

My reasons for applying for admission or conversion to Voluntary Status are:

Signature of Person Who is Applying for Admission on Voluntary Status or Conversion to Voluntary Status	Relationship to patient	DATE		
		MO.	DAY	YEAR

PART D Physician's Confirmation of Need for Hospitalization and Suitability for Voluntary Status

I HAVE EXAMINED THE ABOVE-NAMED PATIENT PRIOR TO ADMISSION OR CONVERSION AND CONFIRM:

- That the patient has a mental illness for which care and treatment in a mental hospital is appropriate;
- That the patient is suitable for Voluntary Status; and
- That hospitalization can reasonably be expected to improve the patient's condition or at least prevent the patient's deterioration.

Physician's Signature	DATE			TIME	
	MO.	DAY	YEAR		A.M. P.M.

EMERGENCY ADMISSION
Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)	"C" No.
.....	
Sex	Date of Birth
.....	
Facility Name	Unit/Ward No.

I. General Provisions for Emergency Admission

- A. In order for a person to be admitted to a hospital according to Section 9.39 of the Mental Hygiene Law, all the following requirements must be met:
- The hospital must be approved by the Commissioner of Mental Health to receive and retain patients according to this Section;
 - The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. "Likelihood to result in serious harm" means:
 - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
 - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
 - A staff physician of the admitting hospital must examine the person and find that the person meets the standard for admission under this Section. The physician then completes this Form, OMH 474, Emergency Admissions.
- B. A person who is alleged or appears to be mentally ill may be taken into custody, transported, or removed to a hospital approved to accept emergency admissions, according to the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
 - Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
 - Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/476A, II
 - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/476A, III
 - Section 9.57 - Powers of Emergency Room Physicians, Form OMH 474A/476A, IV

C. On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.39. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

If a person admitted according to this Section is to be retained in the hospital for more than 48 hours, another physician, who is a member of the psychiatric staff of the hospital, must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 474).

Within 15 days of admission, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to remain as a voluntary patient. If the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to remain as a voluntary patient, s/he may be retained beyond 15 days only by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

II. Record of Admission

Name

A. The above-named person was brought to this hospital by:

Title/Badge No. (as appropriate)	Address	Phone
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Relationship to Person	Address of Person	Time of arrival at hospital:								<input type="checkbox"/> A.M.
			MONTH	DAY	YEAR	HOUR	MINUTE			<input type="checkbox"/> P.M.

B. Circumstances which led to the person being brought to this hospital: (If applicable) Person was taken into custody, transported, or removed to this hospital in accordance with MHL Section _____

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND FIND THERE IS REASONABLE CAUSE TO BELIEVE THAT THE PERSON HAS A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A MENTAL HOSPITAL IS APPROPRIATE AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS.

Physician's Signature										<input type="checkbox"/> A.M.
			MONTH	DAY	YEAR	HOUR	MINUTE			<input type="checkbox"/> P.M.

EMERGENCY ADMISSION Section 9.39 Mental Hygiene Law	Patient's Name (Last, First, M.I.)	"C" No.
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III. Examination to Confirm Need for Extension of Emergency Admission Beyond 48 Hours

A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

--

B. Physical Condition (Including any special test reports):

--

C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

--

D. The patient shows the following psychiatric signs and symptoms:

--

E. Does the patient show a tendency to cause serious harm to him/herself? Yes No to others? Yes No

If yes, explain: _____

F. Mental diagnosis (if determined): _____

IV. Psychiatrist's Confirmation

I have personally observed and examined _____ on:

MONTH	DAY	YEAR	HOUR	MINUTE	

 A.M. P.M.
(Patient's Name)

Based on such examination and the case history, I hereby confirm that there is reasonable cause to believe that the patient has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm to himself or herself or others. The facts stated and information contained herein are true to the best of my knowledge and belief.

I am on the psychiatric staff of _____ Hospital. _____
(Signature)

**APPLICATION FOR INVOLUNTARY ADMISSION
ON CERTIFICATE OF A DIRECTOR OF COMMUNITY
SERVICES OR DESIGNEE**

Section 9.37 Mental Hygiene Law

Person's Name (Last, First, M.I.)

"C" No.

Sex

Date of Birth

Address

I GENERAL PROVISIONS FOR INVOLUNTARY ADMISSION ON CERTIFICATE OF A DCS OR DESIGNEE

A. Standard for Admission

If, in the opinion of a Director of Community Services (DCS) or an examining physician duly designated by him or her, a person has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious harm to the person or others, the person may be admitted to a hospital providing such care and treatment, upon the certificate of the DCS or designee accompanied by an application for admission of the person.

"Likely to result in serious harm" means:

- A substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
- A substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

B. Application and Certification

The application made by the DCS or his or her designee must be supported and accompanied by a Certificate of Examination by Director of Community Services or Designee (Form 475A), except under the circumstances described in the next paragraph.

In counties with a population of less than 200,000, a DCS who is not a physician but who is a licensed psychologist or a certified social worker may apply for admission of a person without a medical examination by a designated examining physician, if:

- A hospital approved by the State Commissioner of Mental Health to admit patients pursuant to Section 9.39 of the Mental Hygiene Law is not located within 30 miles of the person;
- The DCS has made a reasonable effort to locate a designated examining physician but such a designee is not immediately available; and
- The DCS's application is supported and accompanied by a Certificate of Observation by Director of Community Services (Form 475B) which states that after personal observation of the person, the DCS reasonably believes that the person may have a mental illness which is likely to result in serious harm to himself or herself or others and that inpatient care and treatment in a hospital may be appropriate.

Examining physicians designated by the DCS must be approved by the State Commissioner of Mental Health. A person is disqualified from acting as an examining physician if:

- he or she is not licensed to practice medicine in New York State.
- he or she is a relative of the person certified to be in need of hospitalization.
- he or she is a manager, trustee, visitor, proprietor, officer, director, or stockholder of the hospital to which it is proposed to admit such person, or has any financial interest in such hospital other than receipt of fees, privileges or compensation for treating or examining patients in such hospital.
- he or she is on the staff of a proprietary hospital to which it is proposed to admit such person.

C. Custody and Transport

After completing the application, the DCS or his or her designee is empowered to take into custody, detain, transport, and provide temporary care for the person. Upon request of the DCS or designee, it shall be the legal duty of peace officers, acting pursuant to their special duties, or police officers to take into custody and transport the person as directed by such DCS or Designee. Alternatively, the DCS or designee may request that an ambulance service provide such transportation.

D. Hospital Evaluation, Admission and Retention

If the person is to be admitted on the basis of Form 475A (Certificate of Examination by Director of Community Services or Designee), the need for immediate hospitalization must be confirmed by a staff physician of the hospital prior to admission.

If the person is to be admitted on the basis of Form 475B (Certificate of Observation by Director of Community Services), a staff physician must certify upon examination of the person prior to admission that the person has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and which is likely to result in serious harm to the person or others. The need for hospitalization must then be confirmed by another staff physician within twenty-four hours after admission, using Form 475C (Examination within 24 hours).

Following admission, the patient may be involuntarily retained beyond 72 hours (excluding Sundays and holidays) only if he or she is examined by another physician and Form 475D (Examination within 72 Hours) is completed.

If no request for a court hearing is made, the hospital director may retain the patient for up to 60 days from the date of admission without taking other action.

If the hospital director determines that the condition of the patient requires hospitalization beyond 60 days:

- The patient may remain as a voluntary or informal patient if willing and suitable for such status.
- If the patient is unwilling or not suitable to remain as a voluntary or informal patient, the director must apply, before the end of the 60 day period, for a court order authorizing continued retention of the patient. The director must also inform the patient, the Mental Hygiene Legal Service, and others who received the original notice of the patient's commitment, that said director is applying for a court order, to give them the opportunity to request a hearing before the court, if they so desire.

APPLICATION FOR INVOLUNTARY ADMISSION ON CERTIFICATE OF A DIRECTOR OF COMMUNITY SERVICES OR DESIGNEE Section 9.37 Mental Hygiene Law	Person's Name (Last, First, M.I.) _____ "C" No. _____
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II GENERAL INFORMATION

A. Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: _____

B. Reimbursement

The patient is legally responsible for payment for the cost of care. Additionally responsible are the patient's spouse and in some cases the parents of a patient under the age of 21. Also legally responsible are the committee, guardian, or trustee of a trust fund established for the support of the patient, or any fiduciary or payee of funds for the patient.

Charges may be waived or reduced when there is inability to pay. Any person who applies for a waiver or reduction of charges must cooperate in a financial investigation to determine ability to pay.

STATE AND FEDERAL LAWS prohibit discrimination based on race, color, national origin, age, sex or disability.

PART A APPLICATION FOR ADMISSION

I hereby request that _____ be admitted to _____
(Name of person) (Name of Hospital)

This request is made due to the behavior and/or specific acts described below:

Under the penalty of perjury, I attest that the information supplied on this application is true to the best of my knowledge and belief.

Signature of Director of Community Services or Designee	Official Title
---	----------------

Address	Date						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Mo.</td> <td style="width:33%; padding: 2px;">Day</td> <td style="width:33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Mo.	Day	Year			
Mo.	Day	Year					

PART B CUSTODY/TRANSPORT OF THE PERSON ALLEGED TO BE MENTALLY ILL (OPTIONAL)

I hereby direct, under the Mental Hygiene Law, that peace/police officers of _____ take the above-named person into custody and transport him/her to the above-named hospital.
(Department/Location)

—OR—

I hereby request, under the Mental Hygiene Law, that _____ transport the above-named person to the above-named hospital.
(Name of Ambulance Service)

Signature of Director of Community Services or Designee	Date	Time												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Mo.</td> <td style="width:33%; padding: 2px;">Day</td> <td style="width:33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Mo.	Day	Year				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Hr.</td> <td style="width:33%; padding: 2px;">Min.</td> <td style="width:33%; padding: 2px;"><input type="checkbox"/> AM</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td><input type="checkbox"/> PM</td> </tr> </table>	Hr.	Min.	<input type="checkbox"/> AM			<input type="checkbox"/> PM
Mo.	Day	Year												
Hr.	Min.	<input type="checkbox"/> AM												
		<input type="checkbox"/> PM												

PART C PHYSICIAN'S CONFIRMATION OF NEED FOR IMMEDIATE HOSPITALIZATION

I am a physician on the staff of the above-named hospital providing services for the mentally ill. I hereby confirm the following (Check one):

- That the above-named person has been referred upon the application and certification of a **Director of Community Services or Designee** who is a **physician**, and that the above-named person is in need of immediate hospitalization.
- That the above-named person has been referred upon the application and certification of a **Director of Community Services** who is a **non-physician**, and that I have examined the above-named person and determined that he or she has a mental illness for which immediate inpatient care and treatment in a mental hospital is appropriate and which is likely to result in serious harm to himself or herself or others.

Physician's Signature	Date	Time												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Mo.</td> <td style="width:33%; padding: 2px;">Day</td> <td style="width:33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Mo.	Day	Year				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Hr.</td> <td style="width:33%; padding: 2px;">Min.</td> <td style="width:33%; padding: 2px;"><input type="checkbox"/> AM</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td><input type="checkbox"/> PM</td> </tr> </table>	Hr.	Min.	<input type="checkbox"/> AM			<input type="checkbox"/> PM
Mo.	Day	Year												
Hr.	Min.	<input type="checkbox"/> AM												
		<input type="checkbox"/> PM												

State of New York
OFFICE OF MENTAL HEALTH

**CERTIFICATE OF EXAMINATION
BY DIRECTOR OF COMMUNITY
SERVICES OR DESIGNEE**

Person's Name (Last, First, M.I.)

"C" No.

Sex.....Date of Birth.....

Address.....

I, _____, hereby certify that:

a. On the _____ day of _____, 20____, I personally examined _____, who was located at _____, and in my opinion this person has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate.

b. It is my opinion that this person's mental illness is likely to result in serious harm to himself or herself or others. By "likely to result in serious harm," I mean:

(Check appropriate statements)

a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself (*"other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization*);

and/or

a substantial risk of physical harm to other persons, as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

c. The behavior or specific act(s) of this person on which I base my opinion is (are) described in Part A of Form 475, "Application for Involuntary Admission on Certificate of a Director of Community Services or Designee".

d. (Check appropriate statement below and complete)

I am a physician licensed to practice medicine in New York State and am the Director of Community Services for the mentally disabled for (City) (County) of _____ or

I am a physician licensed to practice medicine in New York State and have been designated by the Director of Community Services for the mentally disabled for (City) (County) of _____ to conduct examinations on his or her behalf.

e. I certify that this person's hospital admission is medically necessary.

Signature of Director of Community Services or Designee

title

Date

Address

Telephone Number

State of New York
OFFICE OF MENTAL HEALTH

**CERTIFICATE OF OBSERVATION
BY DIRECTOR OF COMMUNITY
SERVICES (NON-PHYSICIAN)**

Person's Name (Last, First, M.I.)

"C" No.

Sex.....Date of Birth.....

Address.....

I, _____, hereby certify that:

a. On the _____ day of _____, 20____, I personally observed _____, _____ who was located at _____, and in my opinion inpatient care and treatment of this person in a hospital may be appropriate.

b. It is my opinion that this person may have a mental illness which is likely to result in serious harm to himself or herself or others. By "likely to result in serious harm," I mean:

(Check appropriate statements)

a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself (*"other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization*);

and/or

a substantial risk of physical harm to the persons, as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.

c. The behavior or specific act(s) of this person on which I base my opinion is (are) described in Part A of Form 475, "Application for Involuntary Admission on Certificate of a Director of Community Services or Designee".

d. I am the Director of Community Services for the mentally disabled for the County of _____, which has a population of less than 200,000 persons.

e. I am:

a licensed psychologist.

or

a certified social worker.

f. I believe that a hospital approved by the State Commissioner of Mental Health to admit patients pursuant to Section 9.39 of the Mental Hygiene Law is not located within 30 miles of this person.

g. I have made a reasonable effort to locate a designated examining physician but one is not immediately available. (Describe the measures taken to locate such a physician and the reason why one is not immediately available for example: unsuccessful attempt to contact by telephone or visit; unavailable due to illness, distance, medical duties, etc. if more space is needed, use reverse side.)

h. I believe that this person's hospital admission may be appropriate.

Signature of Director of Community Services or Designee

title

Date

Address

Telephone Number

State of New York
Office of Mental Health

EXAMINATION WITHIN 24 HOURS

(To Confirm the Need for Hospitalization of a Patient
Admitted on a Certificate of Observation
by a Director of Community Services)

Patient's Name (Last, First, M.I.)

"C" No.

Sex

Date of Birth

Facility Name

Unit/Ward No.

INSTRUCTIONS:

To be completed by a staff physician, other than the admitting physician, within 24 hours after admission.

1. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

2. Physical Condition (including any special test reports):

3. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

4. The patient shows the following psychiatric signs and symptoms:

5. Does the patient show a tendency to harm him/herself? Yes No to harm others? Yes No

If yes, explain

6. Mental Diagnosis (if determined):

I, _____, do certify as follows:

(Print Name Clearly)

a. I have with care and diligence personally examined the above named patient on:

Mo.	Day	Yr.		

and as a result of such examination, find and hereby certify:

- that the patient is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
- that as a result of his or her mental illness, the patient poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the patient's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the patient's history of dangerous conduct associated with noncompliance with mental health treatment programs).

b. I have formed this opinion based on the case history and my examination of the patient as detailed above.

c. I hereby certify that the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

Physician's Signature

Mo.	Day	Yr.		

State of New York
Office of Mental Health

EXAMINATION WITHIN 72 HOURS
(To Retain a Patient Admitted on a Certificate of Examination or a Certificate of Observation by a Director of Community Services)

Patient's Name (Last, First, M.I.)

"C" No.

Sex

Date of Birth

Facility Name

Unit/Ward No.

INSTRUCTIONS:

To be completed within 72 hours after admission, excluding Sundays and holidays, by a physician who is a member of the psychiatric staff, other than the admitting physician or the physician who completed Form 475C, Examination Within 24 hours (if applicable).

1. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:

2. Physical Condition (including any special test reports):

3. Mental Condition: The conduct of the patient (including statements made to me by others) has been:

4. The patient shows the following psychiatric signs and symptoms:

5. Does the patient show a tendency to harm him/herself? Yes No to harm others? Yes No

If yes, explain

6. Mental Diagnosis (if determined):

I, _____, do certify as follows:

(Print Name Clearly)

a. I have with care and diligence personally examined the above named patient on:

Mo.	Day	Yr.	

and as a result of such examination, find and hereby certify:

- that the patient is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill; and
 - that as a result of his or her mental illness, the patient poses a substantial threat of harm to self or others ("substantial threat of harm" may encompass (i) the patient's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the patient's history of dangerous conduct associated with noncompliance with mental health treatment programs).
- b. I have formed this opinion based on the case history and my examination of the patient as detailed above.
- c. I hereby certify that the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

Psychiatrist's Signature

Mo.	Day	Yr.	

C.P.E.P. EMERGENCY ADMISSION
Section 9.40 Mental Hygiene Law

Patient's Name (Last, First, M.I.) _____ "C" No. _____

Sex _____ Date of Birth _____

Facility Name _____

I. General Provisions for Emergency Admission to a Comprehensive Psychiatric Emergency Program (C.P.E.P.)

- A. In order for a person to be admitted to a C.P.E.P. according to Section 9.40 of the Mental Hygiene Law, all the following requirements must be met:
- The C.P.E.P. must be licensed by the Office of Mental Health to provide psychiatric emergency services to patients admitted under this Section.
 - The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a C.P.E.P. is appropriate and which is likely to result in serious harm to the person or others. "Likely to result in serious harm" means:
 - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
 - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
 - A staff physician of the admitting C.P.E.P. must examine the person and find that the person meets the standard for admission under this Section. The admitting physician then completes this Form, OMH 476, C.P.E.P. Emergency Admission.
- B. Specific authority for taking into custody and transporting or removing a person, who is alleged or appears to be mentally ill, to a C.P.E.P. for emergency admission is contained in the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
 - Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
 - Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/476A, II
- C. The person must be examined by a staff physician of the C.P.E.P. as soon as practicable, and in any event no later than six hours after being received in the C.P.E.P. emergency room. If the physician determines that the person may have a mental illness for which immediate observation, care and treatment in a C.P.E.P. is appropriate, and which is likely to result in serious harm to the person or others, the person may be admitted to the C.P.E.P.

On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.40. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

If a person admitted according to this Section is to be retained for more than 24 hours after being received in the C.P.E.P. emergency room, another physician, who is a member of the psychiatric staff of the C.P.E.P., must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 476) and the person must be moved to an extended observation bed.

Within 72 hours of being received in the C.P.E.P. emergency room, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to be admitted to an appropriate hospital as a voluntary or informal patient. If it is determined that the person is likely to continue meeting the requirements for C.P.E.P. emergency admission beyond the 72 hour period, the person shall be evaluated at and, if appropriate, admitted to a psychiatric hospital authorized to receive patients pursuant to MHL Section 9.39 - Emergency Admissions. If the person is determined to no longer meet the requirements for C.P.E.P. emergency admission, but the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to be hospitalized as a voluntary patient, s/he may be admitted to an appropriate hospital as an involuntary patient by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

II. Record of Admission

A. The above-named person was brought to this C.P.E.P. by: _____ Name _____

Title/Badge No. (as appropriate)	Address	Phone
Relationship to Person	Address of Person	Time of arrival at hospital: _____
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

B. Circumstances Which Led to the Person Being Brought to this C.P.E.P.: (If applicable) Person was taken into custody, transported, or removed to this C.P.E.P. in accordance with MHL Section _____.

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND HAVE DETERMINED THAT THE PERSON MAY HAVE A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A C.P.E.P. IS APPROPRIATE, AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR HERSELF OR OTHERS.

Physician's Signature _____

MONTH	DAY	YEAR	HOUR	MINUTE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

REPORT
OF
PHYSICIAN

_____ AN ALLEGED MENTALLY ILL INMATE

To _____, officer-in-charge of
the _____
(insert official title of the institution)

The report of _____ respectfully shows:

1. That he is the physician of the _____
2. That in his opinion _____ an inmate confined in the aforesaid institution is mentally ill.
3. That the facts upon which this report is based are as follows:

(The physician should state any information known to him which would tend to show the existence of mental illness, such as excitement, violence, despondency, irrational acts, declarations, attempts at suicide, and attempts or threats to injure others, etc.)

DATED _____, 19____

_____, M.D.

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

APPLICATION
FOR
ORDER TO EXAMINE

AN ALLEGED MENTALLY ILL INMATE

To the Hon. _____ Justice or Judge of _____

_____ Court; County, City or Town of _____

Upon the foregoing report of _____

physician of the _____, I hereby apply for the appointment
of two examining physicians to examine into the mental condition of the said _____

(Official Title)

DATED _____, 19____

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

SUPREME COURT, COUNTY OF ONEIDA

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

ORDER
TO
EXAMINE

AN ALLEGED MENTALLY ILL INMATE

Upon the foregoing report of _____, M.D.,
physician to the _____

(insert correctly the official title of the institution)

and the foregoing application of _____ officer in
charge of _____, I hereby order that

_____, M.D., and _____, M.D.
two examining physicians, be, and they hereby are, appointed to examine _____

_____ as to his mental condition and report thereon
pursuant to the statute.

Justice or Judge of _____ Court of _____

Dated: _____, 19____

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

CERTIFICATE
OF
EXAMINING PHYSICIAN

_____ AN ALLEGED MENTALLY ILL INMATE

This certificate is composed of two parts: (a) history obtained by physicians, (b) examinations of physicians.

(a) IDENTIFYING DATA AND HISTORY OBTAINED BY PHYSICIANS

Name of Patient				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City	County		
State	Zip Code	Date of Birth	Place of Birth	U.S. Citizen? Yes No	
Names of Living Relatives of Patient (if no relatives, nearest know (friend))		Age	Street Address	City and State	
Father					
Mother					
Husband or Wife					
Children					

Previous Hospitalizations for Mental Illness

Name of Hospital	Location (City & State)	Date of Admission	Length of Stay

When did present attack begin? Describe _____

(b) EXAMINATION BY PHYSICIANS

Physical Condition:

Mental Condition:

In your opinion is patient liable to injure himself, _____ or to injure others? _____

We, _____ a legal resident of _____, county of _____, State of New York and county of _____ and State aforesaid, do severally certify and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a reputable physician, duly licensed to practice medicine in New York State, and have been in the actual practice of my profession for at least three years.
2. I have with care and diligence personally observed and examined on the date of the certificate namely, on the _____ day of _____, 19____, _____ now residing or being at _____ in the county of _____ and as a result of such examination, I find and hereby certify to the fact that he is mentally ill and a proper subject for custody and treatment in a State hospital for the mentally ill in the Office of Mental Health as a mentally ill person under provisions of the statute.
3. I have found this opinion from the history of the case and my examination of the patient as given above.
4. I hereby certify that the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

Dated: _____, 19____ _____, M.D.
_____ , M.D.

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

SUPREME COURT, COUNTY OF ONEIDA

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

NOTICE
OF
APPLICATION

AN ALLEGED MENTALLY ILL INMATE

TAKE NOTICE that on the annexed petition of _____
and the certificates of Doctors _____ and
_____ an application will be made before the Honorable
_____ Justice or Judge of Supreme Court
at the Oneida County Courthouse at A.M. on the _____ day of
_____ 19____, for an order committing you to a State Hospital for the
Mentally Ill in the State Office of Mental Health.

(Petitioner)

Mr. H.E. Smith, Executive Director
Central New York Psychiatric Center

FOR:

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

SUPREME COURT, COUNTY OF ONEIDA

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

PETITION

AN ALLEGED MENTALLY ILL INMATE

To the Honorable _____ Justice
or Judge of Supreme Court; County of Oneida.

Upon the Foregoing certificate of examining physicians dated _____,
I hereby apply for an order committing said _____ to a State
Hospital for the mentally ill in the State Office of Mental Health. Service
upon a relative or friend has been dispensed with inasmuch as there is no such known
relative or friend within the state.

(Strike out if inapplicable)

DATED: _____

(Signature) _____

Mr. H.E. Smith, Executive Director
Central New York Psychiatric Center

FOR:

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

SUPREME COURT, COUNTY OF ONEIDA

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

AFFIDAVIT
OF
SERVICE

AN ALLEGED MENTALLY ILL INMATE

State of New York
County of Oneida §:

_____ being duly sworn, says, that she is over 21
years of age and that she is _____ of the County
of Oneida and that on the _____ day of _____, 19____, she made the following service in this matter:

1. That she served notice of the application and a copy of the petition for an order adjudging the above captioned alleged mentally ill person to be mentally ill and committing such person to a State Hospital for the mentally ill in the State Office of Mental Health upon such person by sending the same by certified mail to such person: and

2. That she served said notice and a copy of said petition upon _____
the _____ of such person by sending the same
by certified mail to such person: and

3. That she served said notice and a copy of said petition and a copy of the certificate of certificates of the examining physicians upon the Mental Health Information Service by sending true copies thereof.

(Signature of Serving of Notice)

Sworn to before me the _____
day of _____ 19____

(NOTARY PUBLIC)

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

ORDER
FOR
HEARING

AN ALLEGED MENTALLY ILL INMATE

An application for an order of commitment of the above person, based upon the petition of _____ and upon a certificate dated _____, 19____ having been made, and (state degree of relationship, or, if none, name of near friend) _____ having demanded a hearing upon such application, it is hereby ORDERED, that a hearing on such application for an order of commitment be had before _____ at the _____ of _____ on the _____ day of _____, 19____ at _____ M., at which time testimony shall be heard touching the alleged mental illness of the aforesaid person, and if it be deemed advisable, said person may be examined either in or out of court.

The judge may, or if a referee be appointed, the referee herein named shall) hear such testimony and make such examination and report the same at once with his decision, or opinion, as to the mental condition of such person.

And that this order be served upon _____ the petitioner, and the following named persons.

_____ of _____

_____ of _____

DATED: _____, 19____ (Signature) _____

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

DECISION
(After Hearing)

_____ AN ALLEGED MENTALLY ILL INMATE _____

A hearing having been had upon the application of _____
_____ for an order of commitment of _____
_____ to a State hospital for the mentally ill in the State Office of Mental
Health on the _____ day of _____, 19____, and testimony having been
taken as required by law and due deliberation having been had, I do hereby find that the
said is mentally ill and should be committed to a State hospital for the mentally ill in the
State Office of Mental Health.

Dated, the _____ day of _____, 19____

Justice of Judge of the _____ Court of _____

STATE OF NEW YORK—OFFICE OF MENTAL HEALTH

Proceedings for Commitment of a Mentally Ill Inmate
to a State Hospital for the Mentally Ill in the
State Office of Mental Health
(Correction Law § 402)

STATE OF NEW YORK

_____ Court, County of _____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE OFFICE OF
MENTAL HEALTH

ORDER
OF
COMMITMENT

_____ AN ALLEGED MENTALLY ILL INMATE

Upon the petition of _____, dated _____
19____, and a certificate made by two examining physicians, which certificate is dated on the _____ day
of _____, 19____ and which is annexed hereto, and upon such other facts and infor-
mation as were produced before me (or referee appointed by me) (at a hearing duly had) and being satisfied
that the above alleged mentally ill person is mentally ill and a proper subject for custody and treatment in
a State Hospital for the mentally ill in the State Office of Mental Health within the meaning of the statute,
(and service of notice of application for the order of commitment upon a relative or friend having been dispensed
with inasmuch as there is no such known relative or friend in the state.)

ORDERED, that the said _____ shall be
delivered to _____ State Hospital at _____, New York.

ORDERED, that this order, all other papers and a verbatim copy of this entire proceeding shall be presented
to the Director of said hospital at the time when said person is delivered to such institution and that a copy
of each such paper shall be filed with the Office of Mental Health and also in the office of the County Clerk
of the County of _____ wherein the court that made this commitment is located.

ORDERED, that the said papers so sent shall be sealed in the office of the County Clerk of
_____ County, and be exhibited only to the parties to the proceedings, or someone pro-
perly interested, upon the order of the Court.

DATED, _____, 19____

Justice of Judge of _____ Court of _____

(strike out inapplicable portions)

STATE OF NEW YORK—DEPARTMENT OF CORRECTIONAL SERVICES

Petition Affidavit and Order for Forthwith Commitment of a Mentally ill Inmate to a State Hospital for the Mentally ill in the State Department of Correctional Services
(Correction Law § 408)

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE DEPARTMENT OF
CORRECTIONAL SERVICES

PETITION TO
FORTHWITH
COMMIT

AN ALLEGED MENTALLY ILL INMATE

To the Hon. _____, Justice or Judge of
_____ Court; County, City or Town of _____

Upon the attached affidavit of _____, M.D., and
_____, M.D. examining physicians, applications is
hereby made for an order forthwith committing _____
the above named alleged mentally ill inmate to a State Hospital for mentally ill in the State Department of Correctional
Services pursuant to the provisions of subdivision 7 of Section 408 of the Correction Law.

(Official Title)

Dated _____ 19____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE DEPARTMENT OF
CORRECTIONAL SERVICES OF

AFFIDAVIT
OF TWO
EXAMINING
PHYSICIANS

AN ALLEGED MENTALLY ILL INMATE

STATE OF NEW YORK

COUNTY OF _____ ss.

_____, M.D., and _____ M.D.,
being jointly and severally duly sworn do depose and say;

1. That deponents are examining physicians as defined in the Mental Hygiene Law duly qualified and acting as such
2. That deponents have examined _____ the above named
alleged mentally ill inmate and the reports and records concerning said _____
at _____ and have also examined the facilities and circumstances
_____ Title of institution
of detention of said _____ at said _____ and hereby jointly and severally
find and declare that the superintendent or other officer in charge of _____
_____ is capable to properly care for _____
at such institution and that the said _____ is in need of immediate treatment.

Sworn to before me this _____ day
of _____, 19____

_____ M.D.
_____ M.D.

Notary Public

(See reverse side)

STATE OF NEW YORK

_____ Court, County of _____

Before the Hon. _____, Justice or Judge of _____
Court, County, City or Town of _____ on the _____ day of _____, 19____

IN THE MATTER OF
THE COMMITMENT TO A STATE HOSPITAL FOR THE
MENTALLY ILL IN THE STATE DEPARTMENT OF
CORRECTIONAL SERVICES

ORDER OF
FORTHWITH
COMMITMENT

AN ALLEGED MENTALLY ILL INMATE

Upon the petition of _____ dated _____, 19____
and the affidavit of two examining physicians sworn to the _____ day of _____, 19____
annexed thereto, and being satisfied that the superintendent or other officer in charge of _____
_____ where the said alleged mentally ill inmate is confined is not able to properly care for
such person at the institution where he is confined, and that such person is in need of immediate treatment,
and proceedings for commitment of said _____ an alleged mentally ill inmate to
a State Hospital for the mentally ill in the State Department of Correctional Services pursuant to the provi-
sions of Section 408 of the Correction Law having been commenced and now is pending before this court,

ORDERED, that during the pendency of such proceedings the said _____
be and hereby is committed to a State Hospital for mentally ill in the State Department of Correctional Services.

Dated _____, 19____

Justice or Judge of _____ Court of _____ County

**EXAMINATION REPORT
(C.P.L. Article 730)**

STATE OF NEW YORK

_____ COURT

COUNTY OF _____

THE PEOPLE OF THE STATE OF NEW YORK VS _____ DEFENDANT

EXAMINATION REPORT
 Docket No. _____
 Indictment No. _____
 Information No. _____
 Charge _____
 _____,
 in violation of § _____

I, the undersigned, duly certified pursuant to law as a [qualified psychiatrist] or a [certified psychologist],
 (STRIKE ONE)

having been designated by _____,
 Director of _____,
 pursuant to an order signed by Hon. _____, (Judge) (Justice)
 of the _____ Court, _____ County,
 dated _____, to examine the above-named defendant, pursuant to
 Article 730 of the Criminal Procedure Law, to determine if the defendant is an incapacitated defendant,
 have conducted such examination with due care and diligence.

The nature and extent of the examination was as follows: _____

I have come to the following opinion as a result of such examination:

(NOTE TO EXAMINER: If the following paragraph sets forth the opinion of the examiner, sign the report where indicated below and do not complete Page 2. Otherwise, strike out the following paragraph, complete fully the remainder of this report and sign on Page 2.)

It is my opinion that the above-named defendant does not as a result of mental disease or defect lack capacity to understand the proceedings against him or to assist in his defense.

SIGNATURE: _____
 (Qualified Psychiatrist) (Certified Psychologist)
 STRIKE OUT ONE

DATED: _____, 20____

Print Name Signed _____

(Continued)

STATE OF NEW YORK

SUPREME COURT

COUNTY COURT

PART: _____ COUNTY: _____

IN THE MATTER
OF
AN EXAMINATION REPORT BY A
QUALIFIED PSYCHIATRIC EXAMINER
PURSUANT TO CPL 330.20 IN RELATION TO

DEFENDENT

1. The undersigned is a qualified psychiatric examiner who pursuant to the regulations adopted by the State Commissioner of Mental Health is authorized to conduct an examination of the above-named defendant pursuant to an examination order issued by this court on _____ to determine whether the defendant has a dangerous mental disorder, and if the defendant does not have a dangerous mental disorder, to determine whether the defendant is mentally ill.
DATE
2. Pursuant to the aforementioned examination order, the above-named defendant was personally observed and examined by the undersigned on the following date or dates: _____
3. On the basis of facts and information that the undersigned has obtained and on the basis of the observation and examination referred to in paragraph (2) of this report, it is the opinion and clinical judgment of the undersigned that:
 - a. the above-named defendant has a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.
 - b. the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric center under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgment is so impaired that he is unable to understand the need for such care and treatment.
 - c. the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, and the above-named defendant is not mentally ill, as that term is defined in paragraph (d) of subdivision one of CPL 330.20.
4. Annexed hereto and made a part of this examination report is a detailed statement prepared by the undersigned which sets forth the following:
 - a. The diagnosis and prognosis made by the undersigned concerning the defendant's mental condition and
 - b. The findings and evaluation made by the undersigned concerning the defendant's mental condition and
 - c. Pertinent and significant factors in the defendant's medical and psychiatric history and
 - d. The psychiatric signs and symptoms displayed by the defendant and
 - e. The reasons for the opinion stated by the undersigned in paragraph (3) of this report (including, when defendant has a dangerous mental disorder, an explanation as to why, because of defendant's mental condition, he currently constitutes a physical danger to himself or others).

Dated: _____

SIGNATURE

PRINT OR TYPE NAME

STATE OF NEW YORK

SUPREME COURT

COUNTY COURT

PART: _____ COUNTY: _____

IN THE MATTER
OF
A Patient At

State of New York, County of Albany, _____
being duly sworn, deposes and says:

THAT: he is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: on the _____ day of _____ 199_____ he served upon

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me
the _____ day of _____ 199_____

Notary

Sender