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**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health Services**

**CLINICAL / SCREENING CERTIFICATE FOR INVOLUNTARY COMMITMENT
OF MENTALLY ILL ADULTS**

(Pursuant to N.J.S.A. 30:4-27.1, et seq. and R.4:74-7)

If additional space is needed to provide the information requested, additional documents may be attached to this form

New Jersey Court Rule 4:74-7(b) states in part that:

"...the certificates shall state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2h and .2i, and (3) appropriate facilities or services are not otherwise available."

Chapter 4 of Title 30 of the New Jersey Statutes states in part that:

1. "Clinical Certificate"... is completed by the psychiatrist or the other physician who has examined the person who is subject to commitment within three days of presenting the person for admission to a facility for treatment, and which states that the person is in need of involuntary commitment. The form shall also state the specific facts upon which the examining physician has based his conclusion and shall be certified in accordance with the Rules of the Court. (N.J.S.A. 30:4-27.2b)
2. "Screening Certificate"... means a clinical certificate executed by a psychiatrist or other physician affiliated with a screening service. (N.J.S.A. 30:4-27.2y)
3. "Physician" means a person who is licensed to practice medicine in any of the United States or its territories or the District of Columbia. (N.J.S.A. 30:4-27.2t)
4. "Psychiatrist" means a physician who has completed the training requirements of the American Board of Psychiatry and Neurology. (N.J.S.A. 30:4-27.2v)
5. "In need of involuntary commitment" means that an adult who is mentally ill, whose mental illness causes the person to be dangerous to self or dangerous to others or property and who is unwilling to be admitted to a facility voluntarily for care, and who needs care at a short term care facility, psychiatric facility or special psychiatric hospital because other services are not appropriate or available to meet the person's mental health care needs. (N.J.S.A. 30:4-27.2m)
6. "Dangerous to self" means that by reason of mental illness the person has threatened or attempted suicide or serious bodily harm, or has behaved in such a manner as to indicate that the person is unable to satisfy his need for nourishment, essential medical care or shelter, so that it is probable that substantial bodily injury, serious physical debilitation or death will result within the reasonably foreseeable future; however, no person shall be deemed to be unable to satisfy his need for nourishment, essential medical care or shelter if he is able to satisfy such needs with the supervision and assistance of others who are willing and available. (N.J.S.A. 30:4-27.2h)

7. "Dangerous to others or property" means that by reason of mental illness there is a substantial likelihood that the person will inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future. This determination shall take into account a person's history, recent behavior and any recent act or threat. (N.J.S.A. 30:4-27.2i)

8. "Mental Illness" means a current, substantial disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality but does not include simple alcohol intoxication, transitory reaction to drug ingestion, organic brain syndrome or developmental disability unless it results in the severity of impairment described herein. The term mental illness is not limited to "psychosis" or "active psychosis," but shall include all conditions that result in the severity of impairment described herein. (N.J.S.A. 30:4-27.2r)

9. "Any person who is a relative by blood or marriage of the person being screened who executes a clinical certificate, or any person who signs a clinical certificate for any purpose or motive other than for purposes of care and treatment, shall be guilty of a crime of the fourth degree." (N.J.S.A. 30:4-27.10e)

These statutes and Court Rule require each certifying psychiatrist or physician to determine whether the patient is in need of involuntary commitment, as defined on page 1.

I, _____, M.D. of _____
D.O. Street Address

City or Town County State Medical License No.

Issued by _____ do hereby certify that I personally examined
(State)

_____ at _____
(name of patient) (location)

on _____ from _____ am/pm to _____ am/pm.
(date) (length of examination)

I am not a relative by blood or marriage of the subject of this certificate and my purpose or motive in executing this certificate is that care and treatment be afforded this individual.

If an interpreter assisted in this personal examination, the interpreter's name and title are as follows: _____

Check and complete one of the following options below. This document is being prepared as a-

1. Screening Certificate pursuant to N.J.S.A. 30:4-27.5b (must be a psychiatrist affiliated with a screening service unless the screening service's contract allows a physician to complete the certificate; see N.J.S.A. 30:4-27.5b); and
 - I am a psychiatrist as defined on page I of this document.
 - I am a physician as defined on page I of this document who may complete this certificate pursuant to a contract between the screening service and the Division of Mental Health Services.

or

2. Clinical Certificate pursuant to N.J.S.A. 30:4-27. 10a (must be the treatment team psychiatrist of a patient at an inpatient facility for whom a screening certificate has also been completed);

or

3. Clinical Certificate pursuant to N.J.S.A. 30:4-27.10b (regarding an individual who has not been screened at a screening service and whose commitment requires two clinical certificates, at least one of which must be completed by a psychiatrist).

I am a psychiatrist as defined on page I of this document.

I am a physician as defined on page I of this document.

1. Patient's identifying data: Social Security No. _____
Date of Birth _____ Marital Status _____
Telephone # (when available) _____
Address: _____

Next of kin (for County Adjuster court hearing notification purpose only):

Education (Highest Grade Completed): _____

Employment (Occupation, Profession, Trade): _____

2. List facts, circumstances or reports related to this individual's present condition:

(Give source(s) of the information by name, title, relationship or document.)

Medical Conditions: _____

Treating Physician: _____ Medication: _____

Present psychiatric treatment, medication and any recent changes:

Recent stressors: _____

Substance Abuse (type and treatment): _____

3. Prior psychiatric hospitalizations (types, numbers and dates, if known):

Prior medical and psychiatric diagnoses: _____

4. Present Mental Status (from personal examination):

appearance and attire _____

attitude and behavior _____

association and thought processes _____

thought content _____

perception _____

sensorium, memory and orientation _____

intellectual functioning _____

insight and judgment _____

5. Description of physical findings (include physical status, vital signs, laboratory data):

6. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Axis P _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V- _____

7. State alternatives to involuntary hospitalization that were considered and why other services are not appropriate or available to meet the patient's mental health care needs. Be specific, (if information contained in the screening document is relied on, please attach copy).

8. Dangerous to Self

If you have concluded that this patient is "dangerous to self," answer the items in (a), (b), and (c) below, giving the sources of information by name, title, and document.

(a) List below all facts, observations or information that support whichever conclusions you have formed about this patient:

(1) the patient has threatened or attempted to commit suicide;

or

(2) the patient has threatened or attempted serious bodily harm to himself / herself;

or

(3) the patient has behaved in such a manner as to indicate that he or she is unable to satisfy his/ her need for;

(A) nourishment: _____

(B) essential medical care: _____

(C) or shelter: _____

If you have affirmatively answered (3) (A), (B), or (C) immediately above, please indicate whether the patient is able to satisfy the needs listed in (3) above with the supervision and assistance of others who are willing and available.

Yes No

(b) If you have concluded that this patient is dangerous to self (by affirmatively answering (a) (1), (2) or (3) above), in your judgment, is it probable that substantial bodily injury, serious physical debilitation or death will result to the patient within the reasonably foreseeable future due to the behaviors identified above?

Yes No

9. Dangerous to Others or Property

If you have concluded that this patient is "dangerous to others or property," answer the items below, giving the sources of information by name, title and document;

State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would, to a substantial likelihood, inflict serious bodily harm upon another person or cause serious property damage within the reasonably foreseeable future:

(a) history of dangerous behavior _____

(b) recent behavior (state date(s) of behavior) _____

10. I am aware of the standards for involuntary commitment as defined on pages 1 and 2 above. The following checked statements are true:

- (a) I personally examined this patient.
- (b) This patient suffers from a mental illness as defined on page 2 of this form.
- (c) This patient, if not committed, would be a danger to self or others or property by reason of such mental illness.
- (d) This patient is unwilling to be admitted to a facility voluntarily for care.
- (e) This patient is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the person's mental health care needs.

Certification

I certify that the foregoing statements made by me are true.

I further certify that this patient is medically stable and is not in primary need of a medical or nursing home level of care at this time.

I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Psychiatrist / Physician's Signature

PLEASE REVIEW WHETHER NEXT PAGE (8) ALSO NEEDS COMPLETION

Patient's Hospitalization Status

This page only needs to be completed and signed if the patient who is the subject of this clinical certificate is currently on committed, voluntary, CEPP, or conditional discharge status as a result of a psychiatric hospitalization. The information requested below may assist a judge reviewing a clinical certificate for such a patient regarding the issuance of his / her temporary court order. The individual completing this page may be either the psychiatrist / physician completing the certificate or a hospital / agency employee knowledgeable regarding these issues. Please complete this page to the fullest extent possible.

1. Status (circle one)

Committed Voluntary Conditional Extension Pending Placement

Conditional Discharge
(Some questions below may not apply)

2. The patient's current psychiatric hospital and unit _____

3. Judge who entered prior order and its date _____

4. a. The patient's attorney's name _____

b. Identify date on which notice of this commitment application to court has been given to the patient's attorney and in what manner it was given (for example, telephone, fax, etc.)- _____

If the commitment will result in the transfer of this patient to another psychiatric unit or facility, check all that apply:

- Patient has insufficient resources to remain in current hospital unit.
- Patient needs longer term treatment than this hospital offers.
- Patient needs program available at receiving hospital.
- Patient requests transfer.
- Patient's family requests transfer.
- Other reason _____

Other information regarding patient's legal or hospitalization status _____

Signature Name Printed Title Date