

Michael J. Blee, J.A.D.
Acting Administrative Director of the Courts

Richard J. Hughes Justice Complex • P.O. Box 037 Trenton, NJ 08625-0037 • njcourts.gov • Tel: 609-376-3000 • Fax: 609-376-3002

TO: Assignment Judges
Trial Court Administrators

FROM: Michael J. Blee, J.A.D. *MTB by JDB*

SUBJECT: Civil Commitments – Revised Protocol for Applications
Pursuant to N.J.S.A. 30:4-27.9a (Continued Holds)

DATE: November 17, 2025

DIRECTIVE #06-25
[Supersedes Directive #01-24 and the
April 24, 2024 Supplement to that Directive]

This Directive promulgates revisions to the protocol for filing an emergent application to the court for a temporary order for the continued hold of a patient in civil commitment matters and is based on recent amendments to N.J.S.A. 30:4-27.9a. This Directive supersedes Administrative Directive #01-24 and the supplement to that directive dated April 24, 2024. The revised protocol is set forth below and is effective immediately.

N.J.S.A. 30:4-27.9a allows a general hospital (rather than a psychiatric hospital) or an emergency department within a general hospital to submit emergent applications to the court for a temporary court order permitting the continued hold of an individual for up to an additional 72 hours beyond the initial 72-hour period typically allowed in civil commitment matters.

On July 22, 2025, L. 2025, c. 108 was signed into law and became effective immediately. That enactment amended N.J.S.A. 30:4-27.9a in several ways related to the continued hold of civil commitment patients, including the following:

- The entities allowed to apply for orders for continued hold are expanded to include Designated Screening Service providers in addition to general hospitals and emergency departments.

- The time period during which orders for continued hold may be applied for was extended to August 31, 2026 (from August 31, 2025).
- Patients are now allowed, through counsel, to consent to a continued hold.
- The court must appoint the Office of the Public Defender (OPD) to represent the patient if there is no other designated counsel. Other designated counsel is appointed in certain counties (Bergen, Middlesex, and Passaic) where the OPD does not represent patients in these matters.
- The court is now required to conduct a hearing on the application, when so requested by counsel.
- The court shall not issue a temporary order granting the continued hold of a patient unless the patient's counsel has been designated and has been notified of the application, has completed any necessary investigations and interviews with the patient, and has informed the court as to counsel's position on the extended hold.

Accordingly, the revised protocol for filing applications pursuant to N.J.S.A. 30:4-27.9a with the court, reflecting the July 2025 amendments to the statute, is as follows:

- (1) All applications pursuant to N.J.S.A. 30:4-27.9a should be filed with the court using encrypted e-mail to ensure confidentiality. Guidance on sending encrypted e-mail using Microsoft Outlook and a spreadsheet identifying where applications should be filed can be found in Attachments A and B, respectively.
- (2) Applications pursuant to N.J.S.A. 30:4-27.9a should include the following items:
 - a. Application;
 - b. Proposed Order Appointing Counsel (Attachment C);
 - c. Screening Document;
 - d. Screening Certificate;
 - e. Clinical Certificate (Attachment D);
 - f. Certification of Efforts to Find a Bed (Attachment E); and
 - g. Proposed Revised Temporary Order for Continued Hold (Attachment F).

- (3) The hospital or Designated Screening Service provider will file any such applications as soon as it is determined to be necessary, copying the OPD and counsel for the patient, if the patient has other designated counsel, simultaneously on the first filing with the court. The hospital or Designated Screening Service provider must provide the patient's attorney with notice of each step of the emergent application thereafter. The hospital or Designated Screening Service provider should also provide a copy of the application and any orders entered to the applicable County Adjuster's Office and County Counsel. The hospital or Designated Screening Service provider must notify the court and the patient's attorney if a bed was located for the patient and the application is withdrawn.
- (4) The court shall enter an order appointing counsel for the patient and allowing counsel prompt access to the patient and the patient's medical records. The OPD must be appointed as counsel for the patient, if there is no other designated counsel for the patient. See Attachment C.
- (5) The court shall conduct a hearing in a reasonable time period if requested by counsel. If counsel does not request a hearing, the court in its discretion can decide the application on the papers or conduct a hearing. If a hearing is conducted, the court shall determine whether to hold that hearing in person or virtually based on the apparent complexity of the matter and the extent of doubt as to the merits of the application. The court shall grant or deny a Temporary Order Regarding Continued Hold of the patient following its decision on the application. However, the court shall not grant a Temporary Order Regarding Continued Hold of a person unless the person's counsel has been designated and notified of the application, completed any necessary interviews with the patient and investigations, and informed the court of the counsel's position on the extended hold application. See Attachment F.
- (6) After the hospital or Designated Screening Service provider has located an inpatient treatment facility for the patient and transported the patient to that facility, the receiving facility will apply to the court for a Temporary Order for Involuntary Commitment To Treatment Of An Adult (Inpatient Treatment). This application will inform the Court whether the hospital was granted a continued hold of patient or whether the patient, through the patient's counsel, had consented to a continued hold. See Attachment G.

Assignment Judges are asked to provide copies of this Directive to those judges handling civil commitments.

Questions related to this Directive should be directed to the Civil Practice Division in the Administrative Office of the Courts at (609) 815-2900 x54900 or by email to civilwebsites.mbx@njcourts.gov.

Attachments

- A: Encryption Guidance Document;
- B: Filing Location Guidance Document;
- C: Order Appointing OPD as Counsel;
- D. Emergent Application Clinical Certificate;
- E. Certification of Efforts to Find a Bed;
- F: Order for Continued Hold of Patient; and
- G: Temporary Order for Involuntary Commitment to Treatment of an Adult (Inpatient Treatment)

cc: Chief Justice Stuart Rabner
Civil Presiding Judges
Sarah Adelman, Commissioner, Department of Human Services
Jennifer N. Sellitti, Public Defender
Kelly Lerner Sanders, Director, Division of Mental Health Advocacy,
Office of the Public Defender
Lisa Ciaston, Legal Liaison, Division of Mental Health and Addiction
Services, DHS
County Adjusters
Steven D. Bonville, Chief of Staff
AOC Directors and Assistant Directors
Clerks of Court
Special Assistants to the Administrative Director
Civil Division Managers
Melissa Czartoryski, Chief, Civil Practice
Suvarna Sampale, Staff Attorney, Civil Practice

ATTACHMENT A

ENCRYPTION GUIDANCE DOCUMENT

Sending Encrypted email with Microsoft Outlook

This Guide is for: Users who wish to send encrypted email.

Summary: This guide illustrates how to send an encrypted email with Microsoft Outlook and how the recipient would open that email.

Table of Contents

Create and send an encrypted email --- Page 2
Receive and decrypt an encrypted email --- Page 5

Sending Encrypted email with Microsoft Outlook

Create a new email

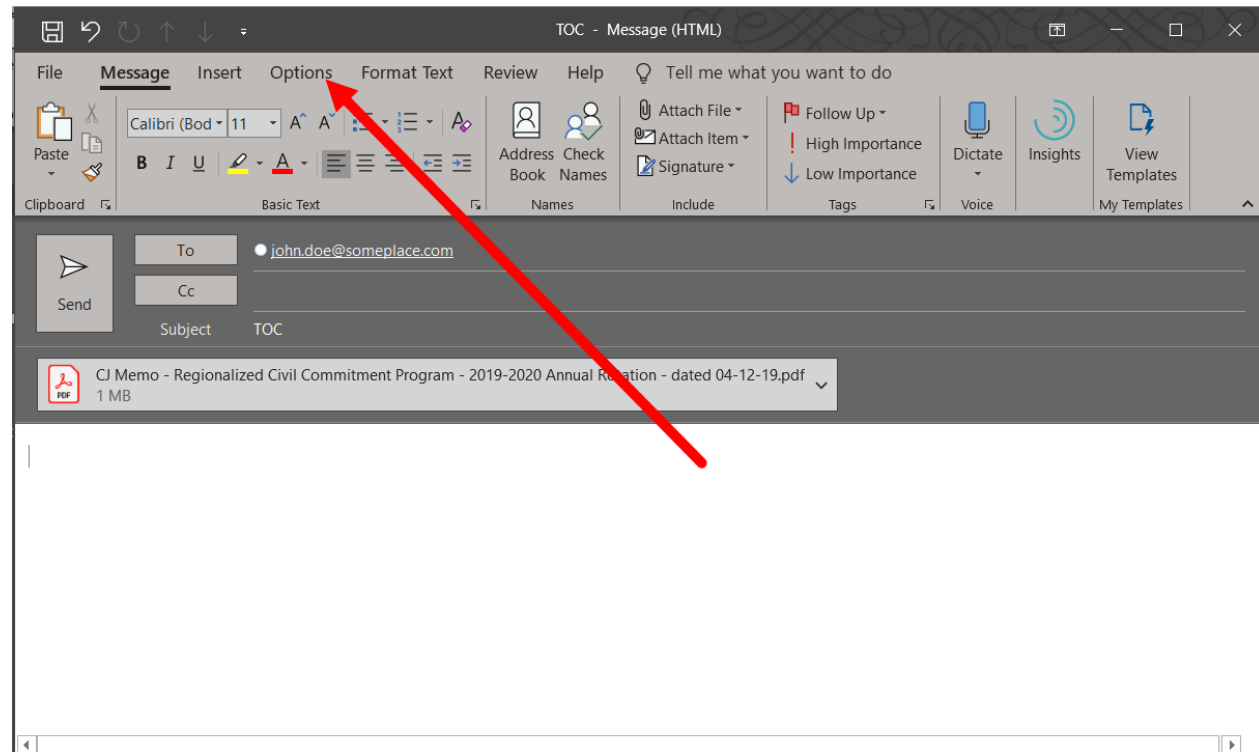
On the Outlook ribbon click New Email.

Enter the recipients and subject as you would when sending any email.

Attach the document that you wish to send.

Begin Encryption

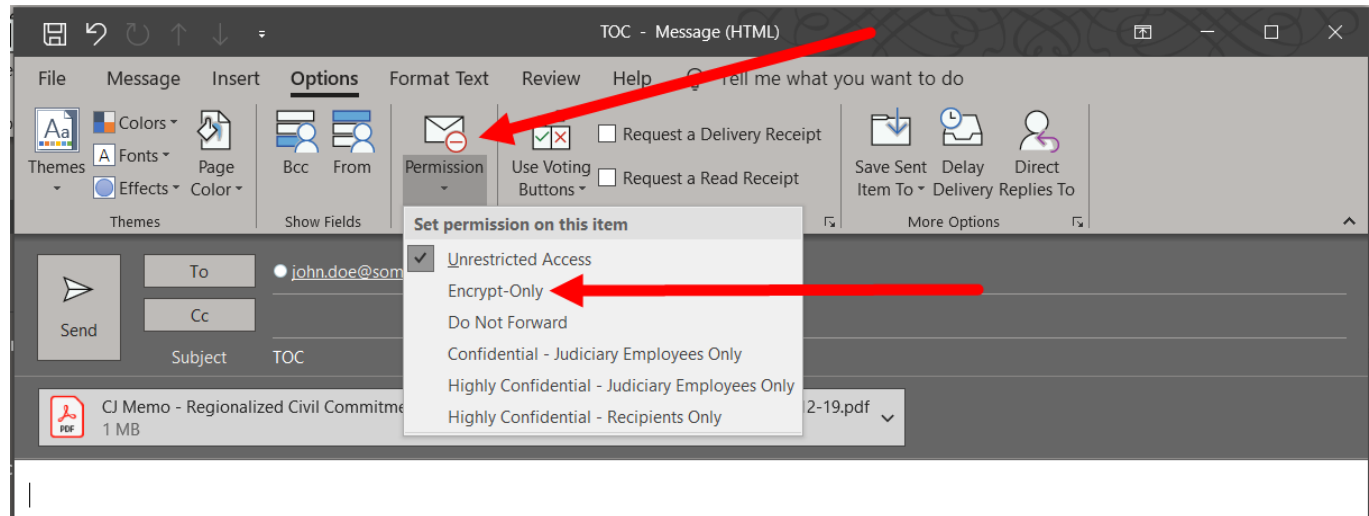
Click Options on the message ribbon.



Sending Encrypted email with Microsoft Outlook

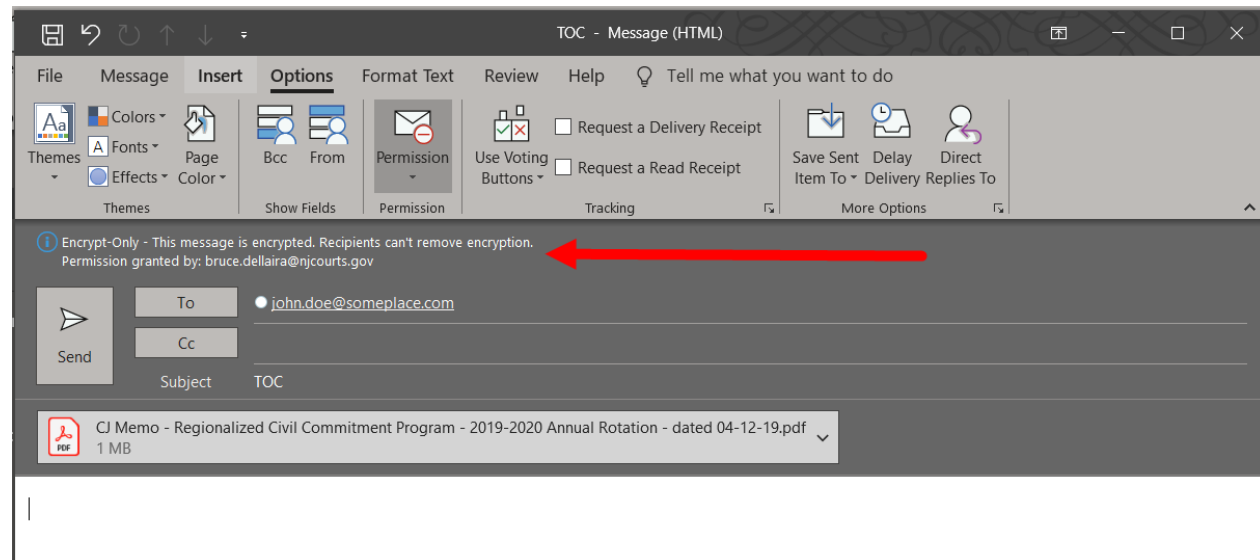
Permissions

Click the Permissions dropdown arrow, then select Encrypt-Only



You'll see a confirmation message that your email is being encrypted.

Click Send to send your email.

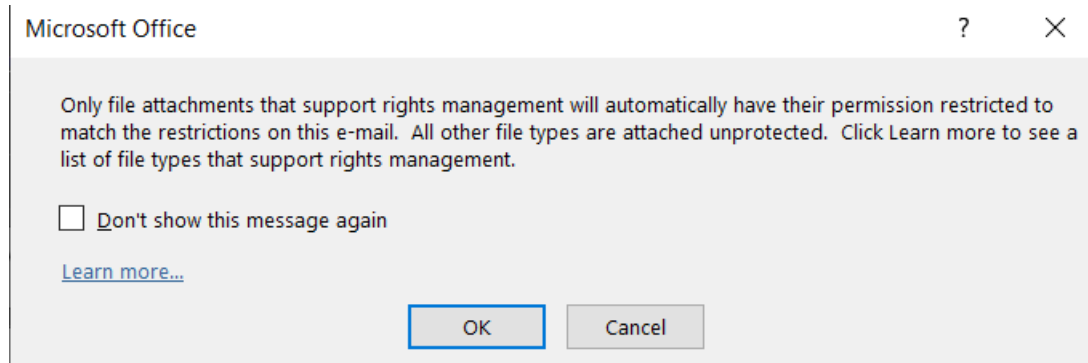


Sending Encrypted email with Microsoft Outlook

You'll receive a warning message that indicates that the attachment may not be protected once it is removed from the email by the recipient.

Click OK

Your email is on its way.



Recipient

The recipient will receive an email indicating that they have received an encrypted email.

The recipient must click the blue message in the middle of the email to proceed with the decryption.

Testing encryption  Inbox x



Bruce Dellaira <bruce.dellaira@njcourts.gov>
to me ▾



Bruce Dellaira (bruce.dellaira@njcourts.gov) has sent you an encrypted message. Please verify your identity at the link below to access the encrypted message.



[View Encrypted Message](#)

You have been sent an encrypted message from the New Jersey Courts. You will need to validate your identity in order to access the content of the message.

[Privacy Statement](#)

Email encryption powered by Office 365. [Learn More](#)
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052



NJCourts

New Jersey Courts

Independence • Integrity • Fairness • Quality Service

Sending Encrypted email with Microsoft Outlook

The recipient's web browser will open, with a message informing the recipient that a passcode has been sent to their email.



We sent a one-time passcode to brucedellaira@[REDACTED]

Please check your email, enter the one-time passcode and click continue.
The one-time passcode will expire in 15 minutes.

One-time passcode

☐ This is a private computer. Keep me signed in for 12 hours.

 Continue

Didn't receive the one-time passcode? Check your spam folder or [get another one-time passcode](#).

Sending Encrypted email with Microsoft Outlook

The new email will contain the passcode that you must use to open the encrypted email.

Copy the passcode and return to your web browser

Your one-time passcode to view the message  **Inbox** x



Microsoft Office 365 Message Encryption <MicrosoftOffice365@messaging.microsoft.com>
to me ▾

11:55 AM (0 r



Here is your one-time passcode

02361463

To view your message, enter the code in the web page where you requested it.

NOTE: This one-time passcode expires 15 minutes after it was requested.

Don't want to use one-time passcode every time you get a protected message? Use your email address to [create a Microsoft account](#)

This message is automatically generated. Please don't reply to it.



NJCourts

New Jersey Courts

Independence • Integrity • Fairness • Quality Service

Sending Encrypted email with Microsoft Outlook

Enter the passcode into the textbox in your web browser, then click Continue



We sent a one-time passcode to brucedellaira@gmail.com.

Please check your email, enter the one-time passcode and click continue. The one-time passcode will expire in 15 minutes.

One-time passcode

☐ This is a private computer. Keep me signed in for 12 hours.

 Continue

Didn't receive the one-time passcode? Check your spam folder or [get another one-time passcode](#).





NJCourts

New Jersey Courts

Independence • Integrity • Fairness • Quality Service

Sending Encrypted email with Microsoft Outlook

The email will appear in your web browser, decrypted. You can open or download the attached document from there.



New Jersey Courts

Testing encryption



Bruce Dellaira <bruce.dellaira@njcourts.gov>

Today, 12:22 PM

brucedellaira@[REDACTED]

Encrypt: This message is encrypted. Recipients can't remove encryption.



CJ Memo - Regionalized...
1 MB

Testing encryption from Microsoft Outlook

ATTACHMENT B

Filing Location Guidance Document

Civil Commitment Filings			
		Regular Business Hours	Non-Business Hours and Weekends
Vicinage 1	Atlantic	atlciviladmin.mailbox@njcourts.gov	Contact Emergent Duty Judge through Sheriffs Dept: 609-909-7200
	Cape May	atlciviladmin.mailbox@njcourts.gov	Contact Emergent Duty Judge through Sheriffs Dept: 609-600-5061
Vicinage 2	Bergen	Contact Emergent Duty Judge through the Sheriffs Dept: 201-646-2222	Contact Emergent Duty Judge through Sheriffs Dept: 201-646-2222
Vicinage 3	Burlington	BurCivCommits.mbx@njcourts.gov and burlcoadjuster@co.burlington.nj.us	Contact central dispatch at 609-265-7105 and send to BurCivCommits.mbx@njcourts.gov and burlcoadjuster@co.burlington.nj.us
Vicinage 4	Camden	CamCivCom.MBX@njcourts.gov	Contact Emergent Duty Judge through County's Communication Center: 856-783-1333
Vicinage 5	Essex	fmarsella@counsel.essexcountynj.org and anunez@counsel.essexcountynj.org and crochester@counsel.essexcountynj.org	Contact Emergent Duty Judge through Sheriffs Dept BCI Unit: 973-621-4111
Vicinage 6	Hudson	hudcivcomm.mbx@njcourts.gov	Contact Emergent Duty Judge through Sheriffs Dept: 201-795-6300
Vicinage 7	Mercer	MERLAWCIVIL.mbx@njcourts.gov	Contact Emergent Duty Judge through Mercer County Sheriffs Dept: 609-989-6111
Vicinage 8	Middlesex	midcivcomm.mbx@njcourts.gov	midcivcomm.mbx@njcourts.gov and Contact Emergent Duty Judge through Middlesex County Sheriff's Dept: (732) 745-3271
Vicinage 9	Monmouth	moncivcomm.mbx@njcourts.gov	moncivcomm.mbx@njcourts.gov
Vicinage 10	Morris	Judge Andrew Wubbenhorst: 973-978-8585	Contact Emergent Duty Judge through Morris County Communications Center: 973-285-2900
	Sussex	andrew.wubbenhorst@njcourts.gov and david.ranges@njcourts.gov and amanda.bee@njcourts.gov	Contact Emergent Duty Judge through Morris County Communications Center: 973-285-2900
Vicinage 11	Passaic	maryann.bennett@njcourts.gov and nicholas.hanley@njcourts.gov	Contact Emergent Duty Judge: 973-592-3885
Vicinage 12	Union	mscasso@ucnj.org and mark.ciarrocca@njcourts.gov	Contact Emergent Duty Judge through Union County Police Dept: 908-654-9800
Vicinage 13	Somerset	V13CvCmt.mbx@njcourts.gov	Contact Emergent Duty Judge through Somerset County Communications Center: 908-526-2500
	Hunterdon	V13CvCmt.mbx@njcourts.gov	Contact Emergent Duty Judge through Hunterdon County 911 Call Center: 908-788-1202
	Warren	V13CvCmt.mbx@njcourts.gov	Contact Emergent Duty Judge through Warren County 911 Call Center: 908-835-2030
Vicinage 14	Ocean	For both regular and emergent duty hours, email: OCNCivCommits-dl@njcourts.gov	
Vicinage 15	Cumberland	James Swift, J.S.C. James.Swift@njcourts.gov	Contact Emergent Duty Judge through Cumberland County Sheriffs Dept: 856-451-4449 Ext "0" after hours
	Gloucester	Robert Malestein, P.J.Ch. Robert.Malestein@njcourts.gov	Contact Emergent Duty Judge through Gloucester County Communications: 856-307-7180
	Salem	John C. Eastlack, J.S.C. john.eastlack@njcourts.gov	Contact Emergent Duty Judge through Salem County Jail: 856-769-4300 Ext. 7770

ATTACHMENT C

ORDER APPOINTING OPD AS COUNSEL

IN THE MATTER OF THE
COMMITMENT OF [PATIENT'S
INITIALS]

SUPERIOR COURT OF NEW
JERSEY
LAW DIVISION: CIVIL PART
COUNTY OF [COUNTY]

Docket No. ____ - ____ - ____

CIVIL ACTION

ORDER APPOINTING COUNSEL

THIS MATTER having been presented by [HOSPITAL NAME or
DESIGNATED SCREENING SERVICE PROVIDER NAME] to the court on an
emergent application for the continued hold of [PATIENT NAME] pursuant to
N.J.S.A. § 30:4-27.9a, and [the Office of the Public Defender, Division of Mental
Health Advocacy (“OPD”) or Designated Counsel Name] having been provided with
a copy of the emergent application; the Court orders as follows:

IT IS ON THIS _____ DAY OF _____ 202____,

HEREBY ORDERED that:

1. [The OPD or Designated Counsel Name] is hereby appointed as counsel for
the Patient for the emergent application.
2. The attorneys and investigative staff of [the OPD or Designated Counsel

Name] shall be provided with immediate telephonic or virtual access to the Patient and prompt physical access to the Patient in the Hospital and shall have the right to inspect and copy all records relating to the Patient's mental condition, including the Patient's clinical chart as required by R. 4:74-7(d). For purposes of this application, [the OPD or Designated Counsel Name] is deemed the Patient's representative under the Health Insurance Portability and Accountability Act (HIPAA).

3. [The OPD or Designated Counsel Name] shall promptly file a request with the court for a hearing if desired.
4. [The OPD or Designated Counsel Name] shall promptly notify the court of its position on the application for continued hold.
5. [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] shall immediately serve a copy of this Order upon [the OPD or Designated Counsel Name], the County Adjuster, and County Counsel.

Judge Signature

Print or Stamp Judge Name

ATTACHMENT D

Emergent Application Clinical Certificate

Type or Print Clearly
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Division of Mental Health and Addiction Services

CLINICAL CERTIFICATE
FOR INVOLUNTARY COMMITMENT OF MENTALLY ILL ADULTS
AND AN EMERGENT APPLICATION
FOR A TEMPORARY CONTINUED HOLD ORDER
PURSUANT TO P.L. 2023, c. 139

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

I. General Purpose and Instructions

In accordance with P.L. 2023, c. 139, when a general hospital has not located a receiving inpatient treatment facility for an individual in need of involuntary commitment to inpatient treatment within seventy-two hours of the completion of a screening certificate, a general hospital may make an emergent application to the court for a temporary court order permitting a continued hold of an individual in need of involuntary commitment to inpatient treatment for up to an additional seventy-two hours. As part of the general hospital's emergent application, the general hospital must demonstrate that "there is a substantial likelihood that, by reason of mental illness, the [individual] will be dangerous to the [individual's] own self or others" Ibid. In support of this, the general hospital must submit two certifications from 2 psychiatrists who have examined the individual and found the individual in need of involuntary commitment to inpatient treatment as a result of mental illness that causes the individual to be a danger to themselves or others.

Pursuant to P.L. 2023, c. 139, only a psychiatrist is authorized to provide a certification in support of the emergent application. The psychiatrist certifications must be completed by a psychiatrist who is licensed as a physician to practice medicine in New Jersey and who has completed the training requirements of the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. See N.J.A.C. 10:31-1.3.

For the two required psychiatrist certifications, the general hospital may:

1. submit the initial screening certificate completed by the screening service psychiatrist for the individual and this clinical certificate completed by a psychiatrist employed by or providing consulting services to the general hospital; or
2. submit two of these clinical certificates; each certificate must be completed by a psychiatrist employed by or providing consulting services to the general hospital.

However, as limited by P.L. 2023, c. 139, the screening certificate referenced above cannot be used when: (1) it is completed by a physician who is not a psychiatrist; and/or (2) there is a finding that the individual is in need of involuntary commitment to inpatient treatment solely as a result of dangerousness to property.

For additional information about involuntary commitment, including definitions of terms and/or legal

standards, see P.L. 2023, c. 139, N.J.S.A. 30:4-27.1 et seq., and N.J. Court Rule 4:74-7.

II. Certification of Examination and Qualifications

A. I _____, M.D./D.O. of _____
(Street Address)

(City or Town) County State Medical License No. Issuing State

do hereby certify that I personally examined _____
(Name of Patient)

at _____ on _____ from _____ am/pm to _____ am/pm.
(Location) (Date) (Time of Examination)

☐ I am a psychiatrist as defined in section I of this document.

B. 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.

C. If an interpreter assisted in this personal examination, the interpreter's name and title and the patient's primary language are as follows:

(Name) (Title) (Language)

D. This document is being prepared as:

☐ a Clinical Certificate pursuant to P.L. 2023, c. 139 (regarding an emergent application to the court for a temporary court order permitting a continued hold of an individual in need of involuntary commitment to inpatient treatment for up to an additional 72 hours, and which certificate must be completed by a psychiatrist).

III. Telepsychiatry (if Telepsychiatry not used, skip to IV)

Telepsychiatry was the means by which the interview with the patient was conducted.

Complete each numbered provision below and initial each statement that applies.

1. ___ The consumer was afforded the opportunity to have an in-person interview; or

___ The consumer elected a face-to-face evaluation but the evaluation was performed by telepsychiatry because waiting for a psychiatrist was clinically contraindicated. Briefly explain:

2. ___ Telepsychiatry was not clinically contraindicated because:

3. ___ I am on the staff of or providing psychiatric consultation services to the general hospital.
4. ___ I hold a full, unrestricted medical license in New Jersey.
5. ___ I am capable of performing all the duties that an on-site psychiatrist can perform, including prescribing medication, monitoring restraints and other related interventions that require a physician's orders or oversight.
6. ___ I am available for discussion of the case with facility staff, and/or for interviewing family members and others, as the case may require.

IV. Patient Identification and Information

1. Patient's identifying data:

Social Security No. _____ DOB: _____

Marital Status: _____ Telephone No. _____

Driver's License: _____ State Issued: _____

Address: _____

Next of Kin (for County Adjuster court hearing notification purposes only):

(Name) Next of kin contact information:

(Address)

(Phone No.)

Education (Highest Grade Completed): _____ Employment or Occupation: _____

2. Psychiatric Advance Directive:

☐ The patient does not have a Psychiatric Advance Directive (PAD) (go to 3);

☐ It could not be determined after a reasonable inquiry whether the patient has a PAD (go to 3);

☐ The patient claims to have a PAD, but after a reasonable search it has not been found (go to 3); or

☐ The patient has a PAD which is appended hereto.

☐ The PAD names _____ to act as a

Mental Health Care Representative.

☐ The PAD does not name a Mental Health Care Representative.

3. Patient's presenting conditions:

a. Medical Conditions: _____

Treating Physician: _____

Medications: _____

Source(s) of the information: _____

b. Presenting psychiatric condition, current psychiatric treatment, medication and any recent changes:

Source(s) of the information: _____

c. Recent stressors:

Source(s) of the information: _____

d. Substance use (type and treatment)

Source(s) of the information: _____

e. Prior psychiatric hospitalizations or voluntary outpatient treatment (types and dates if known):

Source(s) of the information: _____

f. Prior medical and psychiatric diagnoses:

Source(s) of the information: _____

- g. Prior treatment by an outpatient provider pursuant to a commitment for outpatient treatment, if any; identifying dates of treatment; provider; any barriers to treatment; and significant outcomes:

Source(s) of the information: _____

V. Results of Personal Examination

1. Present Mental Status:

- a. Appearance and Attire:

- b. Attitude and Behavior:

- c. Affect and Mood:

- d. Association and Thought Processes:

- e. Thought Content:

- f. Perception:

g. Sensorium, Memory and Orientation:

h. Intellectual Functioning:

i. Insight and Judgment:

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

VI. Conclusions

1. Provisional Diagnoses from current Diagnostic and Statistical Manual:

Psychiatric and Substance Use Diagnosis/Diagnoses:

Other Diagnoses:

☐ I certify that there is a substantial likelihood that, by reason of mental illness, the patient will be dangerous to self or others.

2. Dangerous to Self:

If you have concluded that this patient is dangerous to self, answer the items in (a), (b), and/or (c) below that are relevant to the patient's condition, giving the sources of information by name and title or relationship to patient, or cite the document. Give details, including history, recent threats, dates and situations surrounding any attempts; i.e. was patient taking medication, under supervision of a community treatment program, in the hospital, was there a precipitating crisis?

- a. The patient has threatened or attempted to die by suicide (when and how, if known):

Source(s) of the information: _____

- b. The patient has threatened or attempted serious bodily harm to himself/herself as follows:

Source(s) of the information: _____

- c. The patient has behaved in the following manner which indicates that he or she is unable to satisfy his/her need for ☐ nourishment ☐ essential medical care ☐ shelter:

and

The patient is not able to satisfy the needs listed in (c) above with the supervision and assistance of others who are willing and available.

Source(s) of the information: _____

3. Dangerous to Others

If you have concluded that this patient is dangerous to others, answer the items below, giving the sources of information by name and title or relationship to patient, or cite the document. State all facts, observations or information upon which you base your conclusion that the patient, if not committed, would be substantially likely to inflict serious bodily harm upon another person within the reasonably foreseeable future:

- a. History of Dangerous Behavior:

Source(s) of the information: _____

- b. Recent behavior (state date(s) of behavior)

Source(s) of the information: _____

4. State alternatives to involuntary treatment 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 refer to specific item number in that document.
5. I am aware of the standard for involuntary commitment. The following checked statements are true:
 - ☐ I personally examined this patient.
 - ☐ This patient suffers from a mental illness as defined under N.J.S.A. 30:4-27.2r.
 - ☐ This patient, if not committed, would be a danger to self and/or others by reason of mental illness in the immediate future.
 - ☐ This patient is unwilling to be admitted to the required treatment program or facility voluntarily for care.

VII. Disposition

1. If the patient is to receive services in a county that has not yet designated an outpatient commitment program, or if the program exists but has no openings:
 - ☐ The danger s/he presents is imminent.
 - ☐ Although the danger s/he presents is not imminent, 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.
2. If the patient is to receive services in a county that has a functioning outpatient commitment program:
 - ☐ In my professional judgment, the danger is imminent, or outpatient treatment is either not available or would not be sufficient to render the patient unlikely to be dangerous in the reasonably foreseeable future, or the patient does not have a history of responding to treatment, and my recommendation is commitment to the least restrictive available inpatient facility.

VIII. 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's Signature

ATTACHMENT E

Certification of Efforts to Find A Bed

Attorney for [Hospital Name]
[Attorney Name]
[Contact Information]

I/M/O THE COMMITMENT OF
[PATIENT'S INITIALS]

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION

DOCKET NO -----

Civil Action

CERTIFICATION
OF
[NAME]

I, [NAME], hereby certify and say:

1. I am the [POSITION] at [Hospital Name or DESIGNATED SCREENING SERVICE PROVIDER NAME] (the "Hospital"). I am familiar with the events giving rise to this emergent application for a continued hold order and submit this certification in support of the Hospital's application. I have made personal efforts, or am familiar with efforts made by Hospital staff or the Hospital's Designee (e.g., Designated Screening Center), to locate an appropriate placement for [PATIENT NAME] (the "Patient").

2. Since the completion of the screening certificate by [PSYCHIATRIST NAME] on [DATE], diligent efforts have been made to locate an appropriate placement in a licensed facility for the Patient that is the least restrictive environment for the Patient.

3. However, we have been unable to locate an appropriate placement in a licensed facility that will accept the Patient for involuntary commitment to inpatient treatment, and do not anticipate being able to find such a placement within seventy-two (72) hours of completion of the screening certificate.

4. As a result, the Patient currently remains at the Hospital pending identification of an available placement and transfer of the Patient to an accepting facility.

5. The following is a list of the facilities identified as appropriate for the Patient's condition and considered the least restrictive environment for the Patient, and contacted by the Hospital or Hospital's Designee regarding a placement. A description of the responses received by the Hospital or Hospital's Designee from each are outlined in the chart below. The responses set out in the chart have the following meanings:

- “Declined” means the facility did not accept the Patient. The reason provided for the denial is included in the response column in the chart.
- “To Be Reviewed” means the facility is considering the case but has not yet indicated whether they will accept the Patient.
- “No Answer” means we have not heard back from the facility yet despite making contact about bed availability.
- “No beds” means the facility does not have any beds currently available.

[illegible]

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

[NAME]

Dated: _____, 202

[NAME]

Dated: _____, 202

ATTACHMENT F

Order for Continued Hold of Patient

PREPARED BY THE COURT

IN THE MATTER OF THE
COMMITMENT OF [PATIENT'S
INITIALS].

SUPERIOR COURT OF NEW
JERSEY
LAW DIVISION: CIVIL PART
COUNTY OF [COUNTY]

Docket No. _____ - _____ - _____

CIVIL ACTION

ORDER FOR THE CONTINUED
HOLD OF [PATIENT'S INITIALS]

THIS MATTER, having been presented by [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] to the court on an emergent application for the continued hold of [PATIENT NAME], pursuant to N.J.S.A. § 30:4-27.9a, and [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] having notified the Office of the Public Defender [and ATTORNEY NAME if patient has other designated counsel] and provided a copy of the emergent application and all supporting documents to the Office of the Public Defender [and ATTORNEY NAME if patient has other designated counsel]; and

WHEREAS, [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] [**demonstrated**] [**did not demonstrate**] that, to

date, it has exhausted all reasonable efforts to place [PATIENT NAME] in a short-term care or psychiatric facility, or special psychiatric hospital; and

WHEREAS, [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] **[has demonstrated] [has not demonstrated]** that there is a substantial likelihood that, by reason of mental illness, [PATIENT NAME] will be dangerous to the person's own self or others based upon the certification of two psychiatrists who have examined [PATIENT NAME] and deemed [PATIENT NAME] is in need of involuntary commitment; and

WHEREAS, [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] **[has] [has not]** shown that it is currently and will continue to provide appropriate treatment that meets the standard of care for [PATIENT NAME]; and

WHEREAS, [the Office of the Public Defender has been appointed as counsel to represent the patient or ATTORNEY NAME represents the patient];

WHEREAS, counsel for [PATIENT NAME] has completed any necessary interviews with [PATIENT NAME] and investigations; and

WHEREAS, counsel for [PATIENT NAME] **[supports] [does not support]** the continued hold of [PATIENT NAME]; and

WHEREAS, (Check one):

A. _____ the application was decided by the court on documentary

presentations; **or**

B. _____ counsel having requested a hearing, the Court conducted a hearing on the record on _____, 20____; and

WHEREAS, the Court having determined that the standard for continued hold of [PATIENT NAME] [**has**] [**has not**] been met;

NOW THEREFORE, it is on this _____ day of _____, 20____ ,

ORDERED as follows: (Check one):

1. _____ [PATIENT NAME] shall be discharged from [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] no later than 72 hours from the execution of the screening certificate; **or**

_____ [PATIENT NAME] shall continue to be held at the [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] until no later than [DATE AND TIME] (Date and Specific Time No More Than 144 Hours From Screening Certificate)], which is [#] hours from execution of the screening certificate.

A) [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] shall continue to exercise all due diligence to locate and, as soon as possible,

transport and place [PATIENT NAME] in an appropriate short-term care or psychiatric facility, or special psychiatric hospital pending an application for a temporary order of commitment.

B) During the period of confinement authorized hereby, [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] shall continue to protect the rights of [PATIENT NAME].

2. [HOSPITAL NAME or DESIGNATED SCREENING SERVICE PROVIDER NAME] shall forthwith serve a copy of this Order upon the Office of the Public Defender, [and ATTORNEY NAME if patient has other designated counsel], the County Adjuster, and County Counsel.

Judge Signature

Print or Stamp Judge Name

ATTACHMENT G

Temporary Order for Involuntary
Commitment to Treatment of an Adult
(Inpatient Treatment)

STATE OF NEW JERSEY

_____ COURT

COUNTY OF _____

IN RE THE MATTER OF: _____

TEMPORARY ORDER FOR INVOLUNTARY COMMITMENT TO TREATMENT OF AN ADULT (INPATIENT TREATMENT)

This matter having being brought before the Court on this _____
day of _____, 20____ for a Temporary Order for Commitment to
Treatment pursuant to *N.J.S.A. 30:4-27.10(a)*, specifically seeking the involuntary commitment
of _____, an adult (herein referred to as “patient”)
to inpatient treatment; and

[* To include if applicable: **WHEREAS**, on _____ day of _____, 20____, [GENERAL
HOSPITAL name] was granted a continued hold of [PATIENT NAME] pursuant to N.J.S.A. §
30:4-27.9a; and

WHEREAS, since entry of that Order, the Hospital located [FACILITY NAME], a
short-term care or psychiatric facility, or special psychiatric hospital for placement of [PATIENT
NAME] and on _____ day of _____, 20____ placed [PATIENT NAME] in [FACILITY NAME];
and

WHEREAS, [FACILITY NAME] has initiated this application within the timeframes
pursuant to N.J.S.A. § 30:4-27.9a; and]

The two necessary clinical/screening certificates having been presented to the court in the
form required by *N.J.S.A. 30:4-27(b)* and *R.4:74-7(b)*; and

The court, upon review of the documents received, finding there to be probable cause to believe that the above named patient is in need of involuntary commitment to treatment in accordance with the standard set forth in *N.J.S.A. 30:4-27.2(m)*;

IT IS on this _____ day of _____, 20_____

ORDERED that:

1. The above named patient be involuntarily committed to treatment and admitted to _____, unless an alternative placement is provided pursuant to the authority of the Department of Health and the Department of Human Services pending a court hearing with respect to the issue of continuing need for involuntary commitment to treatment, said hearing be conducted within 20 days from the initial commitment; and

2. The court hearing (referred to in paragraph 1, above) is hereby scheduled for _____ am/pm on the _____ day of _____ 20_____ at _____; and
(location)

3. County Counsel _____ is hereby assigned to present, at said hearing, the case for continuing involuntary commitment to treatment; and

4. The following attorney is hereby assigned to represent the patient:

_____ ; and

5. Notice of the time, date and location of the above scheduled hearing shall be served, no less than 10 days prior to hearing date, upon the patient, patient's counsel, patient's guardian (if any), county counsel referred to herein, and patient's nearest relatives (include addresses):

The county adjuster of the county in which the patient has legal settlement, the director, chief executive officer or other individual having custody of the patient and the following individuals (include addresses):

_____ ; and

6. The notice (referred to in paragraph 5, above) shall be served upon the patient, patient's guardian (if any) and patient's counsel and shall include a copy of this Order, a statement of patient's rights at the court hearing (*N.J.S.A. 30:4-27.14*) and the screening and/or clinical certificates and any other documents submitted in support of patient's involuntary commitment; and

7. Service upon the patient shall be by personal service, all other persons specified herein to receive notice shall be served by _____
(mode of service)

with the following exceptions: _____

_____ ; and

It is further ordered that _____

Judge Signature

Print or Stamp Judge Name