

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**CLINICAL CERTIFICATE FOR INVOLUNTARY COMMITMENT OF MINORS  
(PURSUANT TO R.4:74-7A)**

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

A final order of commitment may be entered pursuant to R.4:74-7A(b)(4) if the court finds that:

- (a) the minor suffers from “childhood mental illness”;
- (b) the childhood mental illness causes the minor to be dangerous to self, others or property as defined by N.J.S.A. 30:4-27h and -27.2i (all minors) or R.4:74-7A(a)(3) (minors under fourteen); and
- (c) the minor is in need of intensive psychiatric treatment that can be provided at a psychiatric facility, special psychiatric hospital, or children’s crisis intervention service and which cannot be provided in the home, the community or on an outpatient basis. (R.4:74-7A(b)(4)).

DEFINITIONS

A “minor” is a person who has not yet reached the age of eighteen. (R.4:74-7A(a)(1)).

“Childhood mental illness” means a current substantial disturbance of thought, mood, perception or orientation which differs from that which is typical of children of a similar developmental state, and which significantly impairs judgment, behavior or capacity to recognize reality when also compared with children of a similar developmental state. A seizure disorder, a developmental disability, organic brain syndrome, physical or sensory handicaps, or brief periods of intoxication caused by alcohol or other substances is not sufficient by itself to meet the criteria for mental illness. (R.4:74-7A(a)(2)).

For any minor ...

- “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. The 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)
- “Dangerous to self” means that by reason of mental illness, the person has threatened or attempted suicide or serious bodily harm or has behavior in such a manner as to indicate that the person is unable to satisfy his or her 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. 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)

For minors under fourteen years of age ...

“Dangerous to self” may also mean that by reason of childhood mental illness there is a substantial likelihood that the failure to provide immediate, intensive, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child’s growth and development and, ultimately the child’s capacity to adapt and socialize as an adult. (R.4:74-7A(a)(3))

I, \_\_\_\_\_, M.D./D.O. of \_\_\_\_\_,  
Street Address

\_\_\_\_\_  
City or Town County State Medical License No.

issued by: \_\_\_\_\_ do hereby certify that I personally examined  
(State)

\_\_\_\_\_ at \_\_\_\_\_  
(Name of minor) (Location)

on \_\_\_\_\_ from \_\_\_\_\_ am pm to \_\_\_\_\_ am pm  
(Date) (Length of Examination)

I am not a relative by blood or marriage of this minor 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:

\_\_\_\_\_

1. Minor’s identifying data: Social Security No: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Telephone # (when available) \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

Education (Highest Grade Completed): \_\_\_\_\_

Employment: \_\_\_\_\_

2. List facts, circumstances or reports related to minor’s present condition: (Give source(s) of the information by name, title, relationship or document.)

Medical conditions: \_\_\_\_\_

Treating Physician: \_\_\_\_\_

Medication: \_\_\_\_\_

Present psychiatric hospitalizations (types, numbers and dates, if known):

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

Affect and mood

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:

Principal: \_\_\_\_\_

Secondary: \_\_\_\_\_

Tertiary: \_\_\_\_\_

7. State alternatives to involuntary hospitalization that were considered and why the minor needs intensive psychiatric treatment which cannot be provided in the home, the community or on an outpatient basis. Be specific. (If information contained in a screening document is relied on, please attach a copy.)

8. Dangerous to Self

If you have concluded that this minor is “dangerous to self”, answer the items in (a) and (b) 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 minor.

(1) the minor has threatened or attempted to commit suicide:

or

(2) the minor has threatened or attempted serious bodily harm to himself/herself:

or

(3) the minor 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 minor is able to satisfy the needs listed in (3) above with the supervision and assistance of others who are willing and available.

Yes    No

or

(4) the minor is under fourteen years of age and that there is a substantial likelihood that the failure to provide immediate, institutional, psychiatric therapy will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child arising from the interference with or arrest of the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult.

9. Dangerous to Others or Property

If you have concluded that this minor 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 minor, if 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 Page 1 and 2 above. The following checked statements are true:

- a. I personally examined the minor.
- b. This minor suffers from a childhood mental illness as defined on page 1 of this form.
- c. This minor, if not committed, would be a danger to self or others or property by reason of such mental illness.
- d. This minor is unwilling or ineligible to be admitted to a facility voluntarily for care.
- e. This minor is in need of care at a psychiatric inpatient unit because other services are not appropriate or available to meet the minor’s mental health care needs.

11. I have carefully reviewed the information in the foregoing paragraphs and am aware of the standards for involuntary commitment. In my opinion:

- a. This minor suffers from a childhood mental illness and
- b. This minor is under fourteen years of age and, if not committed, would be a probable danger to self or others due to such childhood mental illness. I understand that danger to self as applied to this minor may include the substantial likelihood that the failure to provide immediate, intensive, inpatient psychiatric therapy, which cannot be provided in the home, the community or on an outpatient basis, will create in the reasonably foreseeable future a genuine risk of irreversible or significant harm to the child's growth and development and, ultimately, the child's capacity to adapt and socialize as an adult.

or

The minor is at least fourteen years of age and under eighteen years and probably a danger to self or others due to such childhood mental illness.

#### **Certification**

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

I further certify that this minor is medically stable and is no in primary need of a medical unit 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.

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Date

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Psychiatrist/Physician's Signature

**PLEASE REVIEW WHETHER NEXT PAGE ALSO NEEDS COMPLETION.**



### Minor's Hospitalization Status

This page only needs to be completed and signed if the minor who is the subject of this clinical certificate is currently on committed, voluntary, CEPP, seven-day parental 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 minor 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 (check one)

Committed                      Voluntary                      Conditional Extension Pending Placement

Seven-Day Parental    Conditional Discharge  
(Some questions below may not apply)

2. The minor's current psychiatric hospital and unit: \_\_\_\_\_

3. Judge who entered prior order and its date: \_\_\_\_\_

4. a. The minor's attorney's name: \_\_\_\_\_

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

\_\_\_\_\_

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

Minor has insufficient resources to remain in the current hospital unit.

Minor needs longer term treatment than this hospital offers.

Minor needs program available at receiving hospital.

Minor requests transfer

Minor's family requests transfer.

Other reason \_\_\_\_\_

Other information regarding minor's legal or hospitalization status.

\_\_\_\_\_  
Signature                                      Name Printed                                      Title                                      Date