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Chapter 1: Commitment Procedures

Section 1-1: Commitment Statutes

Adult: Thirty-Day	NMSA 1978, § 43-1-11
Adult: Extended	NMSA 1978, § 43-1-12
Adult: Consent to Treatment/ Treatment Guardian	NMSA 1978, § 43-1-15
Adult: Alcoholism and Substance Abuse	NMSA 1978, § 43-2-9
Minor: Voluntary Residential Treatment	NMSA 1978, § 32A-6-12
Minor: Involuntary Residential Treatment	NMSA 1978, § 32A-6-13
Minor: Consent to Treatment/ Treatment Guardian	NMSA 1978, § 32A-6-14



CAUTION | SEQUESTERED CASES

Please note that commitment cases are not public record.

Section 1-2: Legal Representation of Clients

[NMSA 1978, § 43-1-4](#)

Representation by Counsel	All clients shall be represented by counsel at all proceedings under the code, and shall be entitled to obtain advice of counsel at any time regarding their status under the code.
Appointment of Counsel	<ul style="list-style-type: none"> • When a client has not retained his own attorney and is unable to do so, the court shall appoint counsel to represent him. • When appointing counsel, the court shall give preference to nonprofit organizations offering representation to mentally ill and developmentally disabled persons. • When a client is not indigent, he shall be liable for the cost of his legal representation.

Section 1-3: Competence

NMSA 1978, § 43-1-5

Competence	Neither the fact that a person has been accepted at or admitted to a hospital or institutional facility, nor the receiving of mental health or developmental disability treatment services, shall constitute a sufficient basis for a finding of incompetence or the denial of any right or benefit of whatever nature which he would have otherwise.
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Section 1-4: Commitment of Adults for Thirty-Day Period

NMSA 1978, § 43-1-11



TIME LIMIT | HEARING

- Every adult client involuntarily admitted to an evaluation facility pursuant to Section 43-1-10 NMSA 1978 has the right to a hearing within **seven (7) days** of admission unless waived after consultation with counsel.
- If the Behavioral Health Division (division) of the Department of Health (department), physician or evaluation facility decides to seek commitment of the client for evaluation and treatment, a petition shall be filed with the court within **five (5) days** of admission.

<p>Petition</p>	<ul style="list-style-type: none"> • The petition submitted by a treatment facility shall include a description of the specific behavior or symptoms of the person which evidence a likelihood of serious harm to the him/herself or others and shall include an initial screening report by the evaluating physician individually or with the assistance of a mental health professional or, if a physician is not available, by a mental health professional acceptable to the court. • The petition shall list the prospective witnesses for commitment and a summary of the matters to which they will testify. Copies of the petition shall be served on the person and the person's attorney.
<p>Hearing</p>	<ul style="list-style-type: none"> • At the hearing, the person shall be represented by counsel and shall have the right to present evidence on his behalf (including testimony by an independent mental health professional of his own choosing), to cross-examine witnesses and to be present at the hearing. • The presence of the person may be waived upon a showing to the court that the person knowingly and voluntarily waives his right to be present. • A complete record of all proceedings shall be made.
<p>Commitment for Evaluation</p>	<p>Upon completion of the hearing, the court may order a commitment for evaluation and treatment not to exceed thirty (30) days if the court finds by clear and convincing evidence that:</p> <ul style="list-style-type: none"> • As a result of a mental disorder, the person presents a likelihood of serious harm to himself or others; • The person needs and is likely to benefit from the proposed treatment; and • The proposed commitment is consistent with the treatment needs of the person and with the least drastic means principle.

Informed Consent/ Treatment Guardian	<ul style="list-style-type: none">• Once the court has made the findings set forth in the subsection above, the court shall hear further evidence as to whether the person is capable of informed consent.• If the court determines that the person is incapable of informed consent, the court shall appoint for the person a treatment guardian who shall have only those powers enumerated in Section 43-1-15 NMSA 1978.
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**CAUTION | SEQUESTERED CASES**

Please note that commitment cases are not public record.

**CLERICAL DUTIES | THIRTY-DAY COMMITMENT**

1. Verify that the petition is complete and filed in the proper court.
2. Open case in case management application.
3. Assign sequestered number. File stamp. Issue summons or notice of hearing.
4. Docket events.
5. If applicable, calendar events according to in-house procedure.
6. Issue any certified copies and return to District Attorney or proper parties for delivery to person at proper facility.
7. After filing the Order of Commitment, close the case.

Section 1-5: Extended Commitment of Adults

NMSA 1978, § 43-1-12



TIME LIMIT | PETITION

The department, physician or evaluation facility may file a petition for extended commitment within **twenty-one (21) days** after the beginning of the **thirty-day (30)** commitment.

<p>Petition</p>	<ul style="list-style-type: none"> • The petition must explain the necessity for extended commitment, specify the treatment which has been provided during the evaluation, and must include an individual treatment plan for the proposed commitment period. • The petition shall also list the prospective witnesses for commitment and a summary of the matters to which they will testify. • Copies of the petition shall be served on the client and the client's attorney.
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TIME LIMIT | PETITION

- A hearing shall be held upon the petition prior to the expiration of the **thirty-day (30)** commitment period, at which the client shall have all rights granted to him under Section 43-1-11 NMSA 1978 and in addition shall have a right to a trial by a six-person jury if requested, and to an expeditious appeal, unless waived.
- The department, physician or evaluation facility may file a petition for extended commitment within **twenty-one (21) days** after the beginning of the **thirty-day (30)** commitment.

**TIME LIMIT | PETITION**

- If, at the conclusion of the hearing, the fact finder determines by clear and convincing evidence that the client presents a likelihood of harm to himself or others, that extended treatment is likely to improve the client's condition and that the proposed extended commitment is consistent with the least drastic means principle, the court shall order commitment of the client for a period not to exceed **six (6) months**, except that when the client has been committed for two consecutive periods of commitment, any commitment commencing thereafter shall not exceed **one (1) year**.
- At the expiration of the commitment order the client may be detained only after a new commitment hearing, unless waived after consultation with the client's attorney, and entry of a new order for commitment not to exceed **six (6) months**.
- Any client involuntarily referred for treatment pursuant to this section shall be entitled to a reexamination of the order for his involuntary referral for treatment on his own petition, or that of his legal guardian, parent, spouse, relative or friend, to the district court of the county in which he resides or is detained.
- Upon receipt of the petition, the court shall conduct a proceeding in accordance with this section except that such proceeding shall not be required to be conducted if the petition is filed sooner than **sixty (60) days** after the issuance of the order for involuntary referral for treatment or sooner than **sixty (60) days** after the filing of a previous petition under this subsection.

**CLERICAL DUTIES | EXTENDED COMMITMENT**

1. A Petition to Extend Commitment reopens the original temporary commitment case; file in the same proceeding.
2. Docket in case management application.
3. If applicable, calendar events according to in-house procedure.
4. Enter orders for extended commitments.
5. Issue certified copies as requested to proper authorities.

Section 1-6: Consent to Treatment/Treatment Guardian

NMSA 1978, § 43-1-15 A.- B.

<p>Treatment Guardian</p>	<ul style="list-style-type: none"> • If the mental health or developmental disabilities professional or physician who is proposing this or any other course of treatment or any other interested person believes that the client is incapable of informed consent, he may petition the court for the appointment of a treatment guardian to make a substitute decision for the client. • This petition shall be served on the client and his attorney.
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TIME LIMIT | PETITION FOR TREATMENT GUARDIAN

A hearing on the petition shall be held within **three (3) court days**.

Section 1-7: Disclosure of Information

NMSA 1978, § 43-1-19

<p>Confidentiality</p>	<p>Except as otherwise provided in the code, no person shall, without the authorization of the client, disclose or transmit any confidential information from which a person well acquainted with the client might recognize the client as the described person, or any code, number or other means that can be used to match the client with confidential information regarding him.</p>
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Exceptions to Authorization	<p>Authorization from the client shall not be required for the disclosure or transmission of confidential information in the following circumstances:</p> <ul style="list-style-type: none">• When the request is from a mental health or developmental disability professional or from an employee or trainee working with mentally disordered or developmentally disabled persons, to the extent their practice, employment or training on behalf of the client requires that they have access to such information;• When such disclosure is necessary to protect against a clear and substantial risk of imminent serious physical injury or death inflicted by the client on himself or another;• When the disclosure of such information is to the primary caregiver of the client and the disclosure is only of information necessary for the continuity of the client's treatment in the judgment of the treating physician or certified psychologist who discloses the information; or• When such disclosure is to an insurer contractually obligated to pay part or all of the expenses relating to the treatment of the client at the residential facility. The information disclosed shall be limited to data identifying the client, facility and treating or supervising physician and the dates and duration of the residential treatment.• It shall not be a defense to an insurer's obligation to pay that the information relating to the residential treatment of the client, apart from information disclosed pursuant to this section, has not been disclosed to the insurer.
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<p>Disclosure Notice</p>	<p>No authorization given for the transmission or disclosure of confidential information shall be effective unless it:</p> <ul style="list-style-type: none"> • Is in writing and signed; and • Contains a statement of the client's right to examine and copy the information to be disclosed, • The name or title of the proposed recipient of the information, and • A description of the use that may be made of the information.
	<ul style="list-style-type: none"> • The client has a right of access to confidential information about himself and has the right to make copies of any information and to submit clarifying or correcting statements and other documentation of reasonable length for inclusion with the confidential information. • The statements and other documentation shall be kept with the relevant confidential information, shall accompany it in the event of disclosure and shall be governed by the provisions of this section to the extent they contain confidential information. • Nothing in this subsection shall prohibit the denial of access to such records when a physician or other mental health or developmental disabilities professional believes and notes in the client's medical records that such disclosure would not be in the best interests of the client. • In any such case, the client has the right to petition the court for an order granting such access.
<p>Treatment Guardian</p>	<p>Where there exists evidence that the client whose consent to disclosure of confidential information is sought is incapable of giving or withholding valid consent and the client does not have a guardian or treatment guardian appointed by a court, the person seeking such authorization shall petition the court for the appointment of a treatment guardian to make a substitute decision for the client, except that if the client is less than fourteen (14) years of age, the client's parent or guardian is authorized to consent to disclosure on behalf of the client.</p>

	Information concerning a client disclosed under this section shall not be released to any other person, agency or governmental entity or placed in files or computerized data banks accessible to any persons not otherwise authorized to obtain information under this section.
Federal Rights	Nothing in the code shall limit the confidentiality rights afforded by federal statute or regulation.

Section 1-8: Confidentiality of Voluntary Patients

NMSA 1978, § 43-2-11 C.

	<ul style="list-style-type: none"> • Any resident of the state who voluntarily submits himself for treatment in accordance with Sections 43-2-2 through 43-2-15 NMSA 1978 shall not forfeit or abridge thereby any of his rights as a citizen of the state. • The fact that he has submitted himself for treatment or that he has been given help or guidance shall not be used against him in any proceeding in any court. • The record of any such voluntary patient shall be confidential and shall not be divulged except on order of the court.
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Section 1-9: Voluntary Residential Treatment of Minors

NMSA 1978, § 32A-6-12

	<ul style="list-style-type: none"> • A child fourteen (14) years of age or older shall not receive treatment for mental disorders or habilitation for developmental disabilities on a voluntary residential basis, except as provided in this section. • Any child fourteen (14) years of age or older may voluntarily admit himself to a residential treatment or habilitation program, with the informed consent of his parent, guardian or legal custodian, for a period not to exceed sixty (60) days, subject to the requirements of this section.
Child's Voluntary Consent	To have a child voluntarily admitted to a residential treatment or habilitation program, the child and the child's parent, guardian or legal custodian shall knowingly and voluntarily execute, prior to admission, a child's voluntary consent to admission document.
	<p>The document shall include:</p> <ul style="list-style-type: none"> • A clear statement of the child's right to consent voluntarily or to refuse to consent to his admission; • The child's right to request an immediate discharge from the residential treatment program at any time; • And the child's rights when he requests a discharge and his physician, licensed psychologist or the director of the residential treatment facility determines the child needs continued treatment.
	<ul style="list-style-type: none"> • The facility shall ensure that each statement is clearly explained in the child's and parent's, guardian's or legal custodian's primary language, if that is their language of preference, and in a manner appropriate to the child's and parent's, guardian's or legal custodian's developmental abilities, and • Each statement shall be initialed by the child and his parent, guardian or legal custodian.



CLERICAL DUTIES |

Follow in-house procedure for opening a voluntary residential treatment of a minor case.

Section 1-10: Involuntary Residential Treatment of Minor

NMSA 1978, § 32A-6-13

	<p>No child may receive treatment for mental disorders or habilitation for developmental disabilities on an involuntary residential basis except as provided in this section.</p>
	<ul style="list-style-type: none"> • Any person who believes that a child, as a result of a mental disorder or developmental disability, is in need of residential mental health or developmental disabilities services may request that a children's court attorney file a petition with the court for the child's involuntary placement. • The petition shall include a detailed description of the symptoms or behaviors of the child that support the allegations in the petition, a list of prospective witnesses for involuntary placement and a summary of matters to which they will testify. • The petition should also contain a discussion of the alternatives to residential care that have been considered and the reasons for rejecting the alternatives. • A copy of the petition shall be served upon the child and a copy of the petition shall be served upon a parent, guardian or legal custodian and upon the child's attorney or guardian ad litem.

<p>Appointment of Counsel</p>	<ul style="list-style-type: none"> • The court shall, upon receiving the petition, appoint counsel for the child unless the child has retained an attorney or an attorney or guardian ad litem has been appointed pursuant to the provisions of the Children's Mental Health or Developmental Disabilities Act [32A-6-1 to 32A-6-22 NMSA 1978]. • The attorney or guardian ad litem shall represent the child at all stages of the proceedings.
	<ul style="list-style-type: none"> • If, after interviewing the child, the child's attorney or guardian ad litem determines that the child understands his rights and desires to waive the child's presence at the hearing on the issue of involuntary placement, the attorney or guardian ad litem shall submit a verified written statement to the court explaining the attorney's or guardian ad litem's understanding of the child's intent. • If the court is satisfied that the child has voluntarily and knowingly waived his right to be present at the hearing, the child may be involuntarily placed for residential treatment or habilitation at a hearing at which the child is not present. • By waiving the right to be present at the involuntary placement hearing, the child waives no other rights.



TIME LIMIT | INVOLUNTARY PLACEMENT HEARING

An involuntary placement hearing shall be held within **seven (7) days** of the emergency admission of the child to a residential facility under this section or within **seven (7) days** from a child's declaration that he desires to terminate his voluntary admission to a residential treatment or habilitation program.

**CLERICAL DUTIES | INVOLUNTARY TREATMENT**

1. Verify that the petition is complete and filed in the right court.
2. Open case in case management application (FACTS™).
3. Docket events.
4. Issue summons or notice of hearing.
5. If applicable, set hearing date within time limits on calendar according to in-house procedure.
6. Enter final order or order of commitment and close case.
7. Issue certified copies to proper authorities only.

**CAUTION | INSPECTION OF FILES**

- Files may be inspected only on order of the court.
- Abstracters may not inspect mental health commitment files.

Chapter 2: FACTS™ Procedures

Section 2-1: Case Initiation/Reopen With No Filing Fee

- **MAIN MENU** >
- **CASE MANAGEMENT** >
- **CASE MASTER.** The Case Master screen will appear. (FIGURE: 2-1.1)

Figure 2-1.1: Case Master

FIELD NAME	INSTRUCTIONS
Case Number:	FACTS™ will enter default Court and Location Codes.
Court (Default-D for District)	
Location (Default-four digit location code, for example, 0101)	If your court accepts pleadings for multiple counties, change location code.
Category	<ul style="list-style-type: none"> • Enter case category, SI or SQ for mental health cases according to your in-house procedure. • Please read caution box below. • Press ENTER.

2

SECOND | CASE CATEGORIES

- Use SQ for involuntary mental health commitments for both adults and minors.
- Use SI for voluntary commitments for minors only.

Number	<ul style="list-style-type: none"> • FACTS™ will ask: “Do you want to enter a new Case?” • Press ENTER or • Click on YES to indicate that you want to add a new case.
Case Status: (Default-PN for Pending)	Press ENTER .
Status Date: (Default-current date)	<ul style="list-style-type: none"> • Press ENTER or • Delete and enter appropriate date.
Type of Filing (Default N for New)	Press ENTER .
Filing Date: (Default to current date)	<ul style="list-style-type: none"> • Press ENTER or • Delete and enter appropriate date.
Title:	<ul style="list-style-type: none"> • Enter Case Title from Petition per in-house procedure and • Press ENTER.
Case Type:	<ul style="list-style-type: none"> • Enter appropriate code from the list below:

CODE	CASE TYPE
JMH	Juvenile Mental Health
SMH	SQ Mental Health
SMS	SQ Miscellaneous

Sealed/Expunged Case:	Enter Y for yes.
Save Button	<ul style="list-style-type: none"> • FACTS™ will generate a new case number and assign a judge; • A screen prompt will show case number and judge assignment; press ENTER key to save data. • A message box will appear that states data has been saved. • Press ENTER or click OK.



Section 2-2: Attach Parties to Case

After the case has been initiated, the **PARTY NAMES** screen will automatically pop-up or make the following menu choices:

- **MAIN MENU >**
- **CASE MANAGEMENT >**
- **PARTY NAMES.** The Party Names screen will appear. (FIGURE: 2-2.1)

Figure 2-2.1: Party Names

FIELD NAMES	INSTRUCTIONS
Case Number: (Default-last case number, if coming from the Case Master screen)	If you are beginning a new session or need to enter data from a different case, enter the Category and Number for the case.
Court (Default-D for District)	
Location (Default-four digit location code, for example, 0101)	
Category	Enter category SI or SQ for Mental Health cases according to in-house procedure.
Number	Enter case number.
Party Type:	Enter appropriate party type from one of the lists below and press ENTER .

CT	Client	RE	In Matter of
P1	Treatment Facility	RS	Respondent (Treatment Facility Resident)
PT	Petitioner (Treatment Facility)		

Party No.:	FACTS™ will assign party number.
Party Status:	<ul style="list-style-type: none"> Enter “A” (active) and press ENTER.
Party Date: (Default-current date)	<ul style="list-style-type: none"> ENTER through or delete and type correct date. Press ENTER.
Participant ID:	<ul style="list-style-type: none"> In this field, enter the Participant ID number and tab. If the user does not have a Participant ID Number for the participant, press ENTER and the Party Name Entry / Search screen will pop-up. (FIGURE: 2-2.2)

Figure 2-2.2: Party Name Entry / Search


CAUTION | POPULATED DATA

Please note that the data you enter in the Participant Name / Entry Search screen will appear on the New Participant Edit screen.

Person?	<ul style="list-style-type: none"> • Enter Y, if the Participant is a person. • Enter N, if the Participant is a business or governmental entity. • If the participant is a person, the cursor will move to the last name field, • If not, the cursor will move to the Full field.
Last:	<ul style="list-style-type: none"> • Enter the person's last name. • Press ENTER.
First:	<ul style="list-style-type: none"> • Enter the person's first name. • Press ENTER.
Middle:	<ul style="list-style-type: none"> • Enter the person's middle name or initial. • Press ENTER.
Suffix:	<ul style="list-style-type: none"> • This field supports the entry of suffixes such as: JR, SR, III, MD, PHD, etc. • Enter the suffix and press ENTER or • Press ENTER.
Identification:	Enter through this field.
Date of Birth:	Optional
Full	<ul style="list-style-type: none"> • If the Participant is not a person, the cursor will automatically move to this field so you can enter the name of the business or state agency. • If the Participant is a person, FACTS™ will populate this field from the name data entered above.
Search	
Create Button	<ul style="list-style-type: none"> • For SI and SQ cases, click this button. • When this button is clicked, the New Participant Edit screen will pop-up. (FIGURE: 2-2.3)

Figure 2-2.3: New Participant Edit

**CAUTION | POPULATED DATA**

- Please note that the data you entered on the Participant Name / Entry Search screen will appear on this screen in the appropriate fields and does not need to be reentered.
- You may **ENTER** through the fields already populated (filled-in).

Person:	<ul style="list-style-type: none"> • Enter Y, if the Participant is a person. • Enter N, if the Participant is a business or governmental entity.
Last:	<ul style="list-style-type: none"> • Enter the person's last name. • Press ENTER.
First:	<ul style="list-style-type: none"> • Enter the person's first name. • Press ENTER.
Middle:	<ul style="list-style-type: none"> • Enter the person's middle name or initial. • Press ENTER.
Suffix:	<ul style="list-style-type: none"> • This field supports the entry of suffixes such as: JR, SR, III, MD, PHD, etc. • Enter the suffix and press ENTER or • Press ENTER.

DOB:	Enter Date of Birth, if available.
Sex:	Enter F for female or M for male , if the data is available.
SSN:	Enter the participant’s social security number , if available.
Drivers License No.:	Enter the participant’s driver’s license number , if available.

- Address Information:

Correspondence Address Type: Delivery Method:

Current Address


526 BROADWAY
SILVER CITY, NH 88036
(505) 555-9874

Edit

Continue

Figure 2-2.4: New Participant Edit

Correspondence Address Type:	<ul style="list-style-type: none"> • Enter appropriate Correspondence Address Type from the list below. • PT (Party Address) is the most frequent choice. • This indicates the address where notices are sent. • Press ENTER twice.
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CAUTION | CORRESPONDENCE ADDRESS TYPE

DO NOT leave this field blank or any notices that are generated will not have addresses.

CODE	DESCRIPTION	CODE	DESCRIPTION
AG	Attorney Address	HO	Home Address
BU	Business Address	PT	Party Address
EM	Employer Address	RL	Relative’s Address

Delivery Method:	
Current Address Edit Button	<ul style="list-style-type: none"> Click on the EDIT button to type address information. The New Participant Address Entry / Edit will pop-up. (FIGURE: 2-2.5)



CAUTION | CURRENT ADDRESS

Please note the information indicated under Current Address is where notices get mailed.

Figure 2-2.5: New Participant Address Entry / Edit



CAUTION | INFORMATION ON CHILDREN IS ALWAYS DESIGNATED AS RESTRICTED.

Restricted:	Enter Y for yes, or N for no.
Line 1:/Line 2:	<ul style="list-style-type: none"> Enter the Participant's street address. Press ENTER.
City:	<ul style="list-style-type: none"> Enter the Participant's city. Press ENTER.

State:	<ul style="list-style-type: none"> Enter the Participant's state. Press ENTER.
Zip Code:	<ul style="list-style-type: none"> Enter the Participant's zip code. Press ENTER.
Business Phone:	<ul style="list-style-type: none"> Enter the Participant's business phone, if available. Press ENTER.
Current From:	Press ENTER twice.
Entry Date:	
Continue Button	<ul style="list-style-type: none"> Click on the CONTINUE button. FACTS™ will return you to the New Participant Edit screen. (FIGURE: 2-2.6)

Current Address

526 BROADWAY
SILVER CITY, NH 88036
(505) 555-9874

Edit

Continue

Figure 2-2.6: New Participant Edit Screen

Continue Button	<ul style="list-style-type: none"> Click on the CONTINUE button. FACTS™ will return you to the Party Names screen. (FIGURE: 2-2.7)
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Party Names

Case Number: D 0608 SI 0200200005 RE ANTON FAUST

Party Type/No.: RE 1 Party Status/Date: A 10-18-2002 ACTIVE

Participant ID: 23818 Edit FAUST ANTON

Person? Y Last Name: FAUST

First: ANTON Middle: Suffix:

Full Name: FAUST ANTON

Birth Date: 06-30-1975 Juvenile? N SSN: 612-35-4879

Height: Feet Inches Sex: M Weight: Lbs

Origin: Eye: Hair:

Ending Date: - - Driver License: State:

Date of Death: - - Filing Address: PT 1 Party Address Edit

Alias Name? Y Edit Attorney? Y Military?

In Custody? Security Required? Interpreter:

Restricted? Y

Save

This is a new party

Figure 2-2.7: Party Names

Participant ID:	<ul style="list-style-type: none"> • Tab twice. • As a result of tabbing, FACTS™ will fill in the name and personal information fields. • Enter through these fields or fill in the information if available.
Filing Address Edit Button	<ul style="list-style-type: none"> • If you have already entered the Participant Address, tab past this button or • If you want to edit the address or enter an address, click this button and the New Participant Address Entry/Edit screen will pop-up. • Follow the directions above to enter data.
Alias Name? Edit Button	<ul style="list-style-type: none"> • If answer is no, then tab past this button, • If answer is yes, then click the button and the Party Aliases screen will pop-up. <p>(FIGURE: 2-2.8)</p>

Figure 2-2.8: Party Aliases

	Press the F2 key to add a new alias.
Doing Business As? (Default-N for No)	<ul style="list-style-type: none"> • If the answer is yes, enter Y and the cursor will move to the Full Name field. • If the answer is no, the cursor will move to the Last Name field.

Last Name:	<ul style="list-style-type: none"> • Enter the alias last name. • Press ENTER.
First Name:	<ul style="list-style-type: none"> • Enter the alias first name. • Press ENTER.
Middle Name:	<ul style="list-style-type: none"> • Enter the alias middle name or initial if there is one. • Press ENTER.
Suffix:	<ul style="list-style-type: none"> • Enter the alias suffix if there is one. • Press ENTER.
Full:	<ul style="list-style-type: none"> • If the alias is a person, this field will populate automatically. • Press ENTER.
Birth Date:	<ul style="list-style-type: none"> • Enter the alias birth date if one exists. • Press ENTER.
SSN:	<ul style="list-style-type: none"> • Enter the alias social security number if one exists. • Press ENTER.
Driver's License No.:	<ul style="list-style-type: none"> • Enter the alias driver's license number if one exists. • Press ENTER.
State:	<ul style="list-style-type: none"> • Enter the state of the alias driver's license number, if available. • Press ENTER.
Alias Type:	<ul style="list-style-type: none"> • Enter the appropriate code from the following table. • Press ENTER.

CODE	TYPE	DESCRIPTION
A	AKA	Also known as
F	FKA	Formerly known as
N	NKA	Now known as
O	OBO	On behalf of

Participant ID: Edit FAUST ANTON

Alias Name	Alias Type	DBA	DOB
FAUST TONY	A.K.A.	N	06-30-1975

Save Aliases

Doing Business As? N Last Name: FAUST

First: TONY Middle: Suffix:

Full: FAUST TONY

Birth Date: 06-30-1975 SSN: 612354879

Driver License No.: State:

Alias Type: A A.K.A.

Done Editing

Figure 2-2.9: Party Aliases

Done Editing Button	<ul style="list-style-type: none"> Click on the DONE EDITING button when you have entered ALL the data for that alias. Verify that the data entered on the grid is correct. Press F2 to enter another alias.
Save Alias Button	<ul style="list-style-type: none"> Click the SAVE ALIASES button to save the data. You will return to the Party Names screen. (FIGURE: 2-2.10)

Figure 2-2.10: Party Names

Alias Name? Edit Button	Tab past this button.
Attorney? Edit Button	<ul style="list-style-type: none"> To add an attorney for this party, click this button. The Party Attorney Menu screen will pop-up. (FIGURE: 2-2.11)

Figure 2-2.11: Party Attorney Menu

Party Attorney Edit	<ul style="list-style-type: none"> Click this button to enter a party attorney. The Party Attorney Edit screen will then pop-up. (FIGURE: 2-2.12)
----------------------------	---

Party Attorney Edit

Case Data

Case Number: **D 0608 SI 0200200005 RE ANTON FAUST**

Party Type: **RE**

Party Number: **1 FAUST ANTON**

Attorney Data

Attorney Code: **83259 VICTORIA DAVIS ARMSTRONG**

Attorney Type: **PA PRIVATE ATTORNEY**

Attorney Status:

Attorney Inactive (Y/N)? Party/Attorney Status Date: **--**

Contact Attorney (Y/N)? **Y**

Figure 2-2.12: Party Attorney Edit

Case Number	You MUST ENTER through this field.
Party Type	You MUST ENTER through this field.
Party Number	You MUST ENTER through this field.
Attorney Code	<ul style="list-style-type: none"> Enter attorney code and press ENTER or Press F1 for the Attorney Select lookup table. (FIGURE: 2-2.13)

Attorney Select

Attorney Starting Code:

Name to Search For: **ARMSTRONG**

Attorney Code	Name	Bin No.
72125	ROBERT G. ARMSTRONG	
83259	VICTORIA DAVIS ARMSTRONG	
84198	DAN L. ARMSTRONG	
93109	SHELLEY WATSON ARMSTRONG	
96013	MICHAEL D ARMSTRONG	
F1328	MICHAEL D. ARMSTRONG LAW OFFIC	

Figure 2-2.13: Attorney Select

TIP | FASTER SEARCHING

- Tab through the **ATTORNEY STARTING CODE** field.
- Type the attorney's last name in the **NAME TO SEARCH FOR:** field and press **ENTER**.
- Highlight the appropriate attorney with the arrow keys and press **ENTER**.
- You will return to the party Attorney Edit screen. (FIGURE: 2-2.14)

The screenshot shows a window titled "Party Attorney Edit" with two main sections: "Case Data" and "Attorney Data".

Case Data:

- Case Number: D 0608 SI 0200200005 RE ANTON FAUST
- Party Type: RE
- Party Number: 1 FAUST ANTON

Attorney Data:

- Attorney Code: 83259 VICTORIA DAVIS ARMSTRONG
- Attorney Type: PA PRIVATE ATTORNEY
- Attorney Status:
- Attorney Inactive (Y/N)?
- Party/Attorney Status Date: --
- Contact Attorney (Y/N)?

Figure 2-2.14: Party Attorney Edit

Attorney Code

- Enter the Attorney Type from the list below and press **ENTER** or
- Press **F1** for the Attorney Select lookup table.

ATTORNEY TYPES			
AC	Accounting	DA	District Attorney
CA	Contract Attorney	MH	Mental Health Professional
CC	Court Clinician	PA	Private Attorney
CO	County Attorney	PD	Public Defender
CS	Special Assistant AG	PS	Psychologist
CY	City Attorney	SP	Special Prosecutor

Attorney Status:	<input type="checkbox"/>	<input type="text"/>
Attorney Inactive (Y/N)?	<input type="checkbox"/>	Party/Attorney Status Date: <input type="text" value="- -"/>
Contact Attorney (Y/N)?	<input checked="" type="checkbox"/>	

Figure 2-2.15: Party Attorney Edit

Attorney Inactive (Y/N)?	
Party/Attorney Status Date.	
Contact Attorney (Y/N)?	<ul style="list-style-type: none"> • Enter Y if notices are to be sent to this attorney or • N if nothing is to be sent to this attorney. • Press ENTER.
Press Enter Key	<ul style="list-style-type: none"> • Press ENTER, while cursor is in the Contact Attorney to save the data on this screen. • A Message box will pop-up that says: "GOOD JOB. DATA SAVED."
Enter Other Attorneys	<ul style="list-style-type: none"> • To enter another attorney, press the ESC key once to be taken to the top of the screen.
Go Back to Party Names Screen	<ul style="list-style-type: none"> • To exit the Attorney Names screen, press the ESC key twice. You will return to the Party Attorney Menu screen. • To close this screen, press the ESC key or click on the "X" in the upper right-hand corner. You will return to the Party Names screen. (FIGURE: 2-2.16)

**CAUTION | ESCAPE (ESC) KEY**

- Do not press the **ESC** key four times in a row from the Party Attorney Edit screen.
- You will lose the data you entered on the Party Names screen.

Party Names

Case Number: **D 0608 SI 020020005 RE ANTON FAUST**

Party Type/No.: **RE 1** Party Status/Date: **A 10-18-2002 ACTIVE**

Participant ID: **23818** **FAUST ANTON**

Person? **Y** Last Name: **FAUST**

First: **ANTON** Middle: Suffix:

Full Name: **FAUST ANTON**

Birth Date: **06-30-1975** Juvenile? **N** SSN: **612-35-4879**

Height: Feet Inches Sex: **M** Weight: Lbs

Origin: Eye: Hair:

Ending Date: Driver License: State:

Date of Death: Filing Address: **PT 1 Party Address**

Alias Name? Attorney? Military?

In Custody? Security Required? Interpreter:

Restricted? **Y**

This is a new party

Figure 2-2.16: Party Names

Attorney Edit? Button	Tab past this button to continue.
Restricted?	If this is an SI or SQ case, enter Y for yes in this field.
Save Button	Tab to SAVE button and click button to save and to properly attach data.



Section 2-3: Opening a Case

- **MAIN MENU >**
- **CASE MANAGEMENT >**
- **CIVIL COMPLAINT/PETITIONS.** The Civil Complaints/Petition screen will appear. (FIGURE: 2-3.1)

Figure 2-3.1: Civil Complaint/Petitions

FIELDS	INSTRUCTIONS
Case Number: (Default last case number)	If you are beginning a new session or need to enter data from a different case, fill in each of the four subfields as follows:
Court	Enter D for District Court.
Location	Enter the four-digit court location code, for example, 0101, 0202.
Category	Enter category, SA for adoption cases, SI, or (SQ-First and Second Judicial Districts only) for mental health cases.
Number	Enter case number.
Complaint Date (Default-current date)	<ul style="list-style-type: none"> • Enter the date the case was initiated. • Press ENTER.
Complaint Sequence	<ul style="list-style-type: none"> • Type in the sequence number. • If you ENTER through, the number will default.

FIELDS	INSTRUCTIONS
Complaint Event Code	<ul style="list-style-type: none"> Select an event code from the list below: The event code for adoption cases is usually 1513, OPN: Petition.

EVENT CODE	DESCRIPTION		
1520	OPN: Notice of Admission	2522	RPN: Notice of Admission
1521	OPN: Petition Treatment Guardian	2523	RPN: Petition Treatment Guardian
1522	OPN: Application for Meds	2524	RPN: Application for Meds
1523	OPN: Petition MH Commitment	2525	RPN: Petition MH Commitment
1524	OPN: Pet/Appl MH Evaluation	2526	RPN: Pet/Appl MH Evaluation
1525	OPN: Pet MH Commit/TG	2527	RPN: Pet MH Commit/TG

Jury	ENTER through this field.
Identify Parties on the event comments? (Y/N):	Enter Y.
Party:	<ul style="list-style-type: none"> Enter Y. The Complaint Party Screen will pop-up. (FIGURE: 2-3.2)

Complaint Party Screen

Case: D 0608 SI 0200200005 RE ANTON FAUST

Case Type: SMHSQ MENTAL HEALTH

Complaint Event: 1523 OPN: PETITION MH COMMITMENT

Identify Party(s) on the Event comments (Y/N)? Y

Ty	Nbr	Plaintiff Party Name
RE	1	FAUST ANTON
Ty	Nbr	Defendant Party Name

This is a new record

Figure 2-3.2: Complaint Party Screen

	<ul style="list-style-type: none"> • Check the parties to see if they are correct. If they are, press CTRL T to save. • If not, delete any parties that do not apply to this complaint, e.g., Special Commissioner, or • If parties are missing, go up to SCREENS > CASE MANAGEMENT > PARTY NAMES and enter the missing parties.
	You will return to the Civil Complaints/Petition screen. (FIGURE: 2-3.3)

Identify Party(s)
on the event comments? (Y/N):

Party? (Y/N):

Cause of Actions? (Y/N):

Relief Code(s)? (Y/N):

Disposition Code:

Date:

Disposition/Judgment Event:

Judgment Code(s)? (Y/N):

Updated By At 0 : :

Figure 2-3.3: Civil Complaint/Petitions

Cause of Actions: (Y/N)

- Enter Y for yes and press **ENTER**.
- The Cause of Actions screen will pop-up. (FIGURE: 2-3.4)
- Any information entered in the Party Names screen will appear on the Cause of Actions screen.

Cause of Actions

Case: D 0608SI 0200200005 RE ANTON FAUST

Case Type: SMHSQ MENTAL HEALTH

Complaint Event: 15230PN: PETITION MH COMMITMENT

Event Date: 10-18-2002

Sequence: 01

Cause of Actions sequence: 0001 Cause of Actions: PIC ADULT INVOLUNTARY COMMITMENT

Contested: Yes No

Jury: Yes No

Disposition Code:

Disposition Date:

Disposition Event Code:

PT	No	Plaintiff Party Name
RE	001	FAUST ANTON

PT	No	Defendant Party Name

Updated By At

Figure 2-3.4: Cause of Actions



CAUTION | DO NOT ENTER MINOR CHILDREN IN EITHER THE PLAINTIFF OR DEFENDANT PARTY NAME FIELDS.

Cause of Actions:

- Enter AAD for an adult adoption or JAD for a juvenile adoption, or
- Select a cause of action from the list below, or
- Press **F1** and select a cause of action from the pop-up list.

COA	DESCRIPTION	COA	DESCRIPTION
AAC	Adult Alcohol Commitment	PIC	Adult Involuntary Commitment
ASC	Adult Substance Abuse Commitment	PVC	Adult Voluntary Commitment
JAC	Juvenile Alcohol Commitment	SMH	Mental Health Transferred to DC
JIC	Juvenile Involuntary Commitment	SMS	Sequestered Miscellaneous
JSC	Juvenile Substance Abuse	SVA	Petition to View Adoption
JVC	Juvenile Voluntary Commitment		

Cause of Actions sequence: Cause of Actions: ADULT INVOLUNTARY COMMITMENT

Contested: Yes No

Jury: Yes No

Disposition Code:

Disposition Date:

Disposition Event Code:

PT	No	Plaintiff Party Name	PT	No	Defendant Party Name
RE	001	FAUST ANTON			

Updated By At

Figure 2-3.5: Cause of Action Screens

Contested:

- Press **ENTER** twice.
- Enter all the way down to the Plaintiff Party Name field.
- The other fields are not used in New Mexico.

Plaintiff Party Name:

- The cursor will rest in the PT field and flash.
- Type in PT and press **ENTER**.
- The petitioner's name will default.
- Press **F3** to move cursor to the PT field on the Defendant Party Name side.

Defendant Party Name:

- The cursor will rest in the D field and flash.
- Type in D and press **ENTER**.
- The respondent's name will default.
- Press **F2** to move cursor to the PT field on the Plaintiff Party Name side, if needed.

PT	No	Plaintiff Party Name	PT	No	Defendant Party Name
RE	001	FAUST ANTON			

Updated By At

Figure 2-3.6: Cause of Actions

- Press the **CTRL T** keys to save and press **ENTER**.
- A message will appear stating that the data has been saved.
- Close this screen by clicking on the "X" in the upper right-hand corner or by pressing the **ESC** key.
- You will then be returned to the Civil Complaint/Petitions screen. (FIGURE: 2-3.7)

Relief Code(s)? (Y/N):

Disposition Code:

Date:

Disposition/Judgment Event:

Judgment Code(s)? (Y/N):

Updated By At 0 : :

Figure 2-3.7: Civil Complaint/Petitions

**CAUTION | SAVE BUTTON**

- You **MUST** click on the **SAVE** button when you return to the Civil Complaint / Petition screen.
- Otherwise, the data will be corrupted.


Save Button

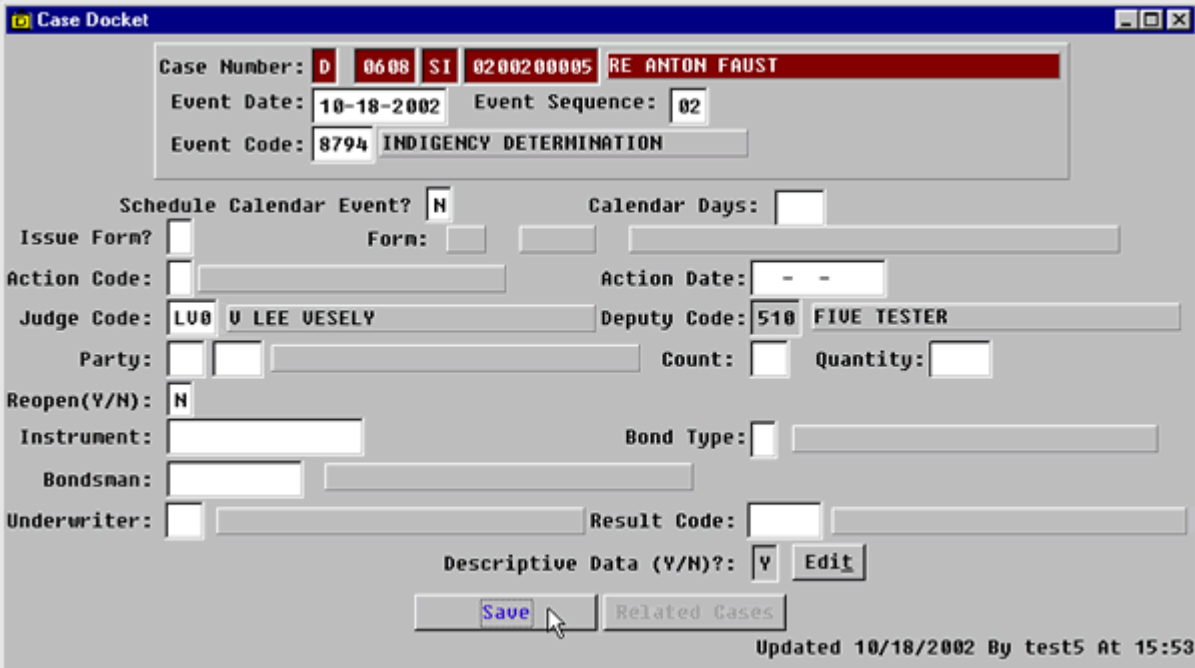
As soon as you have completed the appropriate fields, click the **SAVE** button.



Section 2-4: Docketing

Use the Case Docket screen to record events that occur in a case. These events record the progression of a case.

- **MAIN MENU** >
- **CASE MANAGEMENT** >
- **CASE DOCKET.** The Case Docket screen will appear. (FIGURE: 2-4.1) or
- Click on the **CASE DOCKET** button  on the toolbar at the top of the screen.



The screenshot shows the 'Case Docket' window with the following data and controls:

- Case Number:** D 0608 SI 0200200005 RE ANTON FAUST
- Event Date:** 10-18-2002
- Event Sequence:** 02
- Event Code:** 8794 INDIGENCY DETERMINATION
- Schedule Calendar Event?** N
- Calendar Days:** []
- Issue Form?** []
- Form:** []
- Action Code:** []
- Action Date:** - -
- Judge Code:** LV0 U LEE VESELY
- Deputy Code:** 510 FIVE TESTER
- Party:** []
- Count:** []
- Quantity:** []
- Reopen(Y/N):** N
- Instrument:** []
- Bond Type:** []
- Bondsman:** []
- Underwriter:** []
- Result Code:** []
- Descriptive Data (Y/N)?:** Y
-
- Updated 10/18/2002 By test5 At 15:53**

Figure 2-4.1: Case Docket

FIELD NAMES	INSTRUCTIONS
Case Number: (Default-last case number you worked in)	Enter the data as follows if you start a new session or enter data from a different case.
Court	Enter D for District Court.
Location	Enter the four-digit court location code, for example, 0101, 0202.
Category	Enter category, SA, SI, or SQ.
Number	Enter case number.
Event Date (Default-current date)	Enter file stamp date.

FIELD NAMES	INSTRUCTIONS
Event Sequence	<ul style="list-style-type: none"> This field will default to the next sequence number or Press F1 for a list that has already been entered.
Event Code	Enter appropriate event code.
Schedule Calendar Event?	
Calendar Days:	
Issue Form:	
Action Code:	FACTS™ will input a default value based on the event code you entered.
Action Date:	
Judge Code:	<ul style="list-style-type: none"> Judge will default. Delete if another judge presided over event, and Enter correct judge.
Deputy Code: (Default-User login)	
Party	<ul style="list-style-type: none"> Enter Party type and number if event is party specific, such as a warrant. Press ENTER button.
Enter through other Fields	
Descriptive Data:	<ul style="list-style-type: none"> Click on the EDIT button. The Event Description screen will pop-up. (FIGURE: 2-4.2)

Event Description

Case Details

Case Number: D 0608 SI 0200200005 Event Date: 10-18-2002

Event Seq: 02 Event Code: 8794 INDIGENCY DETERMINATION

Standard Description Code:

Comments

INDIGENCY DETERMINATION AFFIDAVIT

Figure 2-4.2: Event Description



CAUTION | THE TEXT DOES NOT WRAP TO THE NEXT LINE. PRESS ENTER TO GO TO THE NEXT LINE.

Standard Description Code	<ul style="list-style-type: none"> • These are codes that correspond to event codes. • When they are entered, standard text that has been written by court personnel appears in the comments section of the screen. • You can edit the standard text or add to it.
	<ul style="list-style-type: none"> • ENTER until you reach the comments field and type in descriptive text. • Press CTRL T to save. • Press ENTER or click OK to exit out.

Descriptive Data (Y/N)?: Y Edit

Save Related Cases

Updated 10/18/2002 By test5 At 15:53

Figure 2-4.3: Case Docket

Save Button	<ul style="list-style-type: none"> • Tab to SAVE button. (FIGURE: 2-4.3) • Click button or press ENTER.
Message Box	<ul style="list-style-type: none"> • Click OK or press ENTER button to get the message box to disappear.

Case Docket

Case Number: D 0608 SI 0200200005 RE ANTON FAUST

Event Date: 10-18-2002 Event Sequence: 02

Event Code: 8794 INDIGENCY DETERMINATION

Figure 2-4.4: Case Docket

Event Date:	<ul style="list-style-type: none"> • The cursor will return to the event date field. (FIGURE: 2-4.4) • Shift tab to the case number to docket another event or • Shift tab twice to docket to another case or • Click on the "X" in the upper right-hand corner to exit the screen.
--------------------	---



Section 2-5: Closing Case Using the Civil Complaint/Petitions Screen

The Civil Complaint/Petitions screen is used to open and close mental health commitment petitions.

- **MAIN MENU >**
- **CASE MANAGEMENT >**
- **CIVIL COMPLAINT/PETITIONS.** The Civil Complaints/Petition screen will appear. (FIGURE: 2-5.1)

Civil Complaint/Petitions

Case Number: **D 688 SI 200200005 RE ANTON FAUST**

Complaint Date: **10-18-2002**

Complaint Sequence: **1**

Complaint Event Code: **1523** OPN: PETITION MH COMMITMENT

Jury(Y/N): **N**

Identify Party(s) on the event comments? (Y/N): **Y**

Party? (Y/N):

Cause of Actions? (Y/N):

Relief Code(s)? (Y/N):

Disposition Code: **PD** PETITION DENIED

Date: **10-18-2002**

Disposition/Judgment Event: **3538** CLS: MENTAL HEALTH DISMISSAL

Judgment Code(s)? (Y/N): **N**

Save **Related Cases**

Updated 10/18/2002 By test5 At 15:55

Figure 2-5.1: Civil Complaint/Petitions

FIELD NAMES	INSTRUCTIONS
Case Number: (Default last case number)	If you are beginning a new session or need to enter data from a different case, fill in each of the four subfields as follows:
Court	Enter D for District Court.
Location	Enter the four-digit court location code, for example, 0101, 0202.
Category	Enter category, SA for adoption cases, SI or SQ for Mental Health cases depending on your in-house procedure.
Number	Enter case number.

FIELD NAMES	INSTRUCTIONS
Complaint Date (Default-current date)	<ul style="list-style-type: none"> Enter the date of the complaint. Press the F1 button to lookup the date. Press ENTER to select the complaint date.
Complaint Sequence (Default-next complaint sequence)	Delete the number and enter the number 1.
Complaint Event Code	
Jury	
Identify Parties on the event comments? (Y/N):	
Party:	
Cause of Actions (Y/N)	
Relief Code(s)? (Y/N)	
Disposition Code	<ul style="list-style-type: none"> Enter the disposition code from one of the lists below, or Press F1 for a list of choices.

CODE	DISPOSITION DESCRIPTION
DP	Dismissed by Party
DS	Dismissed
NT	Non-Jury Trial
OD	Other Disposition
DP	Dismissed by Party
PD	Petition Denied
PG	Petition Granted
SD	Stipulated

Date:	Enter file stamp date of the pleading.
Disposition/Judgment Event:	Enter the appropriate closing event code from one of the lists below.

CODE	EVENT DESCRIPTION
3500	CLS: Administrative Close
3508	CLS: Dismissal by Party
3509	CLS: Dismissal LOP
3537	CLS: Mental Health Commitment
3538	CLS: Mental Health Dismissal
3548	CLS: Order of Dismissal
3549	CLS: Stipulated Order
3550	CLS: Order/Order to Close
3555	CLS: Treatment Guardian Order
3560	CLS: Order Petition/Motion Granted
3571	CLS: Judgment and Order

Civil Complaint/Petitions

Case Number: **D 608 SI 200200005 RE ANTON FAUST**

Complaint Date: **10-18-2002**

Complaint Sequence: **1**

Complaint Event Code: **1523 OPN: PETITION MH COMMITMENT**

Jury(Y/N): **N**

Identify Party(s) on the event comments? (Y/N): **Y**

Party? (Y/N):

Cause of Actions? (Y/N):

Relief Code(s)? (Y/N):

Disposition Code: **PD PETITION DENIED**

Date: **10-18-2002**

Disposition/Judgment Event: **3538 CLS: MENTAL HEALTH DISMISSAL**

Judgment Code(s)? (Y/N): **N**

Updated 10/18/2002 By test5 At 15:55

Figure 2-5.2: Civil Complaints/Petitions

Judgment Code(s)? (Y/N)

Save Button

Click on the **SAVE** button at the bottom of the screen, and a message announcing that the data has been saved appears.

