

STATE OF NEW YORK
MENTAL HYGIENE LEGAL SERVICE
Appellate Division of the Supreme Court
Second Judicial Department

M E M O R A N D U M

TO: Jodi Morollo, LCSW
Administration, Bldg 58, 5th Floor

FROM: Tessa J. Forte, Associate Attorney
Building #1

DATE: October 19, 2022

SUBJECT: WEINSTEIN, ELIZABETH

Enclosed please find a Request for Court Hearing form for the above patient. Please have this request placed in your records, it will be submitted to the Court, and put on the calendar for Monday, October 24, 2022.

Thank you in advance.

TJF:ko
Enc. [1]

Request For Court Hearing
(Before Signing See Information Below)

Patient's Name (Last, First, M.I.) "C" No.
WEINSTEIN, Elizabeth.....226732.....
Sex Female Date of Birth 02/27/72
Facility Name: Rockland Psychiatric Center
Unit/Ward: Building 58, Unit 304

Admission Date 10/14/22 Current Legal Status §9.27

Part I Request

TO: Facility Director

I REQUEST THAT A COURT HEARING BE HELD TO DETERMINE WHETHER THE PATIENT NAMED ABOVE IS IN NEED OF INVOLUNTARY HOSPITALIZATION.

Signature

Print Name Signed

If Not Patient, State Relationship

Date Signed

Tessa J. Forte

Associate Attorney

10/18/22

PART II INFORMATION

Mental Hygiene Legal Service

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

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at: (845) 476-3670.

General Information

Copies of any written request for a Court Hearing, along with a record of the patient, will be forwarded by the Director to the appropriate court and the Mental Hygiene Legal Service.

The Court Hearing will be held in the County in which the facility is located, unless a specific request for another location is made and is permitted by law.

You and other interested parties will be notified by the court as to the time and place of the hearing.

If you have any questions, feel free to ask any staff member of this facility for assistance.

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

A. Mental Hygiene Legal Service

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B. Reimbursement

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


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

PART A	Application for Admission
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I hereby apply for the admission Weinstein, Elizabeth of to Rockland Psychiatric Center, a hospital providing services for the mentally ill. My reasons for applying for admission of this person are as follows:

Mrs. Weinstein continues to exhibit psychiatric symptoms such as paranoid delusion, disorganized and circumstantial thought process along with poor judgement and insight into her mental illness, she and is unable to care for herself in the community in her current condition. Mrs. Weinstein will need inpatient psychiatric treatment, discharge planning and supportive community resources to ensure a safe discharge.


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

Signature		Relationship/Title						
MOISE BELIZAIRE		PSYCHIATRIC NURSE PRACTITIONER						
Address	ROCKLAND PSYCHIATRIC CENTER 140 OLD ORANGEBURG ROAD ORANGEBURG, NY 10962	Date						
		<table border="1" style="margin: auto;"> <tr> <td style="width:33%; text-align: center;">10</td> <td style="width:33%; text-align: center;">17</td> <td style="width:33%; text-align: center;">2022</td> </tr> <tr> <td style="text-align: center;">MO.</td> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> </tr> </table>	10	17	2022	MO.	DAY	YEAR
	10	17	2022					
MO.	DAY	YEAR						

PART B	Psychiatrist's Confirmation of Need for Involuntary Care and Treatment in a Hospital.
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I HAVE EXAMINED THE ABOVE-NAMED PATIENT PRIOR TO ADMISSION AND CONFIRM:

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

Sign		Date	Time										
CLOVIS RAYMOND, MD MEDICAL DIRECTOR		<table border="1" style="margin: auto;"> <tr> <td style="width:33%; text-align: center;">10</td> <td style="width:33%; text-align: center;">18</td> <td style="width:33%; text-align: center;">2022</td> <td style="width:33%; text-align: center;">11:00</td> <td style="width:33%; text-align: center;">(A.M.)</td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">YEAR</td> <td></td> <td></td> <td style="text-align: center;">P.M.</td> </tr> </table>	10	18	2022	11:00	(A.M.)	DAY	YEAR			P.M.	
10	18	2022	11:00	(A.M.)									
DAY	YEAR			P.M.									

**NOTICE OF STATUS AND RIGHTS
CONVERSION TO INVOLUNTARY STATUS**

(to be given to the patient at the time of
conversion to involuntary status)

Section 9.27 Mental Hygiene Law

Patient's Name (last, first, M.I.)
Weinstein, Elizabeth

C No. 226732

Sex:

Date of Birth 02/27/1972

Female

Facility Name
Rockland Psychiatric Center

Unit/Ward 58/304

Admission Date To Inpatient Care:	10	14	2022
	Mo.	Day	Yr.
Conversion Date:	10	17	2022
	Mo.	Day	Yr.

Based upon the certificates of two examining physicians, you have been converted to involuntary status at this hospital which provides care and treatment for persons with mental illness. You may be kept in the hospital for a period of up to 60 days from the date of your initial admission to inpatient care (if you were previously an emergency status or C.P.E.P emergency status patient), or up to 60 days from the date of conversion (if you were previously a voluntary status or informal status patient) unless you have had a court hearing. During This 60 day period you may be released, or converted to voluntary or informal status, if you are willing to continue receiving inpatient care and treatment and are suitable for such status.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

If you, or those acting on your behalf, believe that you do not need involuntary care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the service or be requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Cloris Raymond, MD

Signature of Staff Physician

10/14/2022

Date

COPIES TO
admission

COPIES TO: Persons designated by patient to be informed of

(If None, type in "NONE")

(Original applicant)

(Nearest Relative)

A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service. State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.

CERTIFICATE OF EXAMINING PHYSICIAN


Person's Name (Last, First, M.I.) **C#: 226732**
Weinstein, Elizabeth
 Sex **Date of Birth**
 Female **02/27/1972**
 Address **ROCKLAND PSY. CENTER 58/304**

**To Support an Application for
Involuntary Admission**

CERTIFICATION

I, **M.D., PSYCHIATRIST** I hereby certify that :

1. I am a physician licensed to practice medicine in New York State.
2. I have with care and diligence personally examined the above named person on:
 / / 2022 at **ROCKLAND PSYCHIATRIC CENTER** .
MIH/Day (Place where examined)
3. I find:
 - a. this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - b. as a result of his or her mental illness, this person poses a substantial threat of harm to self or others (a substantial threat of harm may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
4. I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
5. I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
6. If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
7. To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature 	Print Name Signed DR. Khaja Molnuddin	Title PSYCHIATRIST				
Address ROCKLAND PSYCHIATRIC CENTER 140 OLD ORANGEBURG ROAD ORANGEBURG, NY 10962	Phone Number 680-8600	Date			Time	
		Mo. 10	Day 17	Yr. 22	Hr. 7	Min. 00

This is 50 year old Caucasian female. With history of mental illness, Diagnosis – Paranoid delusion and mood disorder.

In the past she incarcerated on charges ranging from Criminal Contempt in the 2nd degree 6 counts and bail jumping. She has order of protection from 4/25/21 to 6/6/22, she violated several orders of protection in the past. Her current order of protection ends on 12/31/2022. Patient while incarcerated failed several 730.40 examinations. She

was

was unfit due to her active psychotic symptoms along with inability to understand her legal charges. Judge signed the 730 Order on 10/11/2022. Then she was transferred to Westchester County jail then on 10/14/2022 to Rockland Psychiatric Center

Form OMH 471A (2/94) page 2

for further evaluation and if need treatment.

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

Mental Status Exam – Patient was called by unit staff to the side door of nurse's station. She was.

uncooperative. This MD was standing with female staff. She asked, "who are you" She looked at this MD's

ID card and wrote the name. then sated, "I am not going to talk to you, you can go." Then she walked to the

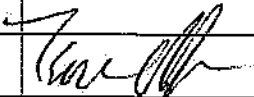
long hallway. After few minutes, this MD walked to the long hallway to make K. Moinuddin, MD. Psychiatrist on call. second attempt to interview

her. She walked away to the end of the hallway, and said, "go away, this not your second attempt to one minute."

Impression: During the interview patient appeared suspicious and paranoid, for safety of herself and others

She needs complete in-patient level of psychiatric evaluation and if needed treatment.

Signature:



K. Moinuddin MD. Psychiatrist on call.

CERTIFICATE OF EXAMINING PHYSICIAN

To Support an Application for
Involuntary Admission

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

C#: 226732

WEINSTEIN, Elizabeth

Sex

Female

Date of Birth

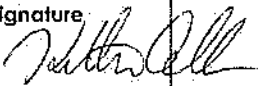
02/27/1972

Address ROCKLAND PSY. CENTER 58/304

CERTIFICATION

I Katherine Calleo, M.D., PSYCHIATRIST II hereby certify that :

- I am a physician licensed to practice medicine in New York State.
- I have with care and diligence personally examined the above named person on: 10/18/2022 at ROCKLAND PSYCHIATRIC CENTER.
Mh/Day (Place where examined)
- I find:
 - this person is in need of involuntary care and treatment in a hospital providing inpatient services for the mentally ill ("in need of involuntary care and treatment" means that the person has a mental illness for which care and treatment as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he or she is unable to understand the need for such care and treatment); and
 - as a result of his or her mental illness, this person poses a substantial threat of harm to self or others (a substantial threat of harm may encompass (i) the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, or (ii) the person's history of dangerous conduct associated with non-compliance with mental health treatment programs).
- I have formed my opinion on the basis of facts and information I have obtained (described below and on the reverse side) and my examination of this person.
- I have considered alternative forms of care and treatment but believe that they are inadequate to provide for the needs of this person, or are not available.
- If this person has to my knowledge received prior treatment, I have, insofar as possible, consulted with the physician or psychologist furnishing such prior treatment.
- To the best of my knowledge and belief, the facts stated and information contained in this certificate are true.

Signature 	Print Name Signed KATHERINE Calleo MD	Title PSYCHIATRIST				
Address ROCKLAND PSYCHIATRIC CENTER 140 OLD ORANGEBURG ROAD ORANGEBURG, NY 10962	Phone Number 845-680-1000	Date			Time	
		Mo. 10	Day 18	Yr. 2022	Hr. 10	Min. 58

Ms. Weinstein is a 50-year-old female who was transferred to Rockland Psychiatric Center from Westchester County jail who was found unfit to stand trial pursuant to CPL 730.40. She had previously been charged with bail jumping 3rd and five counts of Criminal Contempt 2nd. It was alleged that Ms. Weinstein violated an active temporary order of protection several times by maintaining communications with her

exchanged husband. Per prior 730 evaluations, she had demonstrated symptoms of paranoia interfering with her ability to understand her legal situation and participate in legal strategy. It was specifically noted that, "of particular concern was Ms. Weinstein's perception of a conspiracy between her ex-husband, the Briarcliff Manor Police, the Village Manager, and the presiding judge, as well as her lack of confidence in two consecutive defense attorneys and insistence in proceeding pro se." While in the county jail, she declined mental health services and appeared "guarded and paranoid." She was unwilling to comply with multiple medical and psychiatric assessments and claimed her husband was trying to kill her. On admission to Rockland Psychiatric Center, she was noted to be agitated, guarded, and uncooperative. She was observed to have paranoid delusions and pressured speech and reiterated her belief that "everyone is after me."

On evaluation today, patient initially declined to speak with me, then wrote my name down, then explained in a long, pressured manner how she did not want to speak with me because of a conspiracy of her husband's to keep her here. She then listed in a disorganized manner how her rights were being violated. She denied having a mental illness and refusing the need for medications. When asked about discharge planning, she stated, "I have a home" but did not want to give additional details due to privacy concerns as a victim of domestic violence, stating that she filed for divorce due to "narcissistic abuse" from her husband. She initially declined to give educational background, but later stated she was a graduate of Columbia and worked as "an ER/ICU" nurse. I asked if she was given information for her mental hygiene attorney, to which she stated, "I have all I need" and concluded the interview. Given present symptomatology interfering with her ability to care for herself and leading to law enforcement involvement, as well as a dearth of knowledge on part psychiatric history and concern for new onset of symptoms in a 50-year-old, Ms. Weinstein requires hospitalization for stabilization, safety, and to rule out organic underlying causes that can also manifest as a psychiatric illness.

Ruth Alk, M.D.

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

State of New York
OFFICE OF MENTAL HEALTH

COURT ORDER FOR RELEASE OR RETENTION OF PATIENT

(Applicable for Sections 9.13, 9.27, 9.31 and 9.33 of the Mental Hygiene Law)

**STATE OF NEW YORK
SUPREME COURT, COUNTY OF ROCKLAND**

In the Matter of the Retention of	ORDER
ELIZABETH WEINSTEIN	
A Patient Admitted to	Index No.
ROCKLAND PSYCHIATRIC CENTER	

The above named patient now hospitalized pursuant to Section 9.27 of the Mental Hygiene Law;

SECTIONS [And a request for the release of the patient having been made and the patient still being hospitalized at the 9.13 AND above named hospital;] 9.31

And a request for a hearing HAVING been made;

*[And a hearing having been held on the ____ day of _____, 2022, and

The patient * (and _____) having been present and testimony (Others Present) having been received and the patient having appeared by *(the Mental Hygiene Legal Service),

_____, by _____, Esq. (Director)

*(_____, Esq.), * (and the above named hospital having appeared)

*(by the New York State Attorney General) *(by _____, Esq.);]

And a *(report) *(memorandum) of the Mental Hygiene Legal Service

*(and of _____ Esq.) having been read and filed;

And it appearing to my satisfaction that the patient *(is) *(is not) in need of retention, to wit:

that said patient *(is) *(is not) mentally ill, that inpatient care and treatment *(are not) essential for said patient's welfare, and said patient's judgment *(is) *(is not) so impaired that said patient is unable to understand the need for such care and treatment;

*[And that _____ Is willing and able to properly care for patient at

(Relative or Committee of the Person)

some place other than a hospital and said *(relative) *(committee) having submitted to this court written consent to have the patient transferred to the care and custody of said relative or committee;]

And due deliberation thereon having been had, it is hereby

(Continued on reverse side)

*Strike out if inapplicable.
FORM OMH 470.3 (4/78) page 2

ORDER
GRANTING
RELEASE

*[ORDERED, that the patient be released.]

ORDER DENYING
RELEASE UNDER
SECTION 9.31

*[ORDERED, that the request for the patient's release is denied and the patient may be *(retained)
*(transferred
to and retained) for care and treatment at *(the above named hospital)]

*(a hospital under the jurisdiction of the NYS Office of Mental Health)]

*(_____, a facility having an appropriate operating certificate which has accepted the
patient for admission)].

Date: _____, 2022

Justice of the NYS Supreme Court

(Print Name to be Signed)

*Strike out if inapplicable.