PUBLIC-INTEREST FIELD GUIDE

PUBLIC RIGHTS FIELD GUIDE

New Mexico CFE & Commitment

Understand the procedure · Check the source · Find help

Prepared and maintained by Brandon N.Gallegos

Independent public-interest legal-information project

CORE PRINCIPLE

Authority to evaluate is not unlimited authority. Separate certification, transport, admission, court detention and treatment; preserve the facts and test each decision against its own conditions.

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Choose a button · Underlined labels and page arrows are also links

ADULT CIVIL PROCEDURE · MAY 2025–SEPTEMBER 2026

September 19, 2026 · Review candidate, not an approved public release

About this companion

Adult civil evaluation, liberty, treatment, and records—not a determination about any individual.

Prepared and maintained by Brandon N.Gallegos. Independent public-interest legal-information project.

REVIEW CANDIDATE · SEPTEMBER 19, 2026

This companion examines New Mexico's Certificate for Evaluation (CFE) route and connected adult civil proceedings, with a bounded timeline from May 2025. It is general legal information, not legal advice, medical advice, representation, or a finding that a clinician acted lawfully or unlawfully.

WHAT "CHECKED" MEANS

Official enacted texts and named opinions were read for the stated issues. Some consent, counsel, redress and clock details still rely on clearly identified statutory reproductions. Complete current official codification, later case treatment, local forms and institutional procedures are not certified.

SCOPE

Children, tribal or federal jurisdictions, criminal custody, immigration, developmental-disability proceedings and assisted outpatient treatment can require different rules. They are signposted, not exhaustively covered. An adult's age, legal status, location and actual order matter.

USE THE LAYERS

Start with a task or term. Underlined references lead to internal authority cards; WEB links there open the source. Short excerpts are not the full provision. Fictional examples identify questions, not diagnoses or guaranteed legal outcomes.

No public corrections/update address has been supplied. This file does not update itself. Compare edition dates and consult the linked official sources before consequential use. See review scope and remaining gates.

Contents & task finder

Click an outlined row; the printed page number reaches the same destination.

When the situation is happening now

A pending liberty or treatment decision needs its own route; a later disciplinary complaint is different.

1 · IDENTIFY THE ACTUAL STATUS

Ask whether the person is voluntary, awaiting emergency evaluation, admitted under § 43-1-10, subject to a filed commitment petition, under a court order, or held for another legal reason. Ask for the time each status began, the court/case number, any next hearing and counsel's contact. Use the status request.

2 · ASK FOR COUNSEL AND THE WRITTEN NOTICE

The emergency section requires oral and written information on arrival, including hearing, counsel and communication rights. The Code's counsel provision supplies additional appointment and indigency rules. Ask who represents the person now; a referral or unanswered intake is not an accepted engagement. Arrival notice · Counsel and court review.

3 · COMMUNICATE A PRESENT NEED

Explain urgent medical symptoms, medication reactions, communication barriers, disability-related needs or a specific safety concern to the responsible staff. Request an explanation and an appropriate review. This guide is not an instruction to stop treatment, conceal risks, leave custody without authorization, or physically resist.

4 · KEEP PARALLEL TASKS SMALL

A trusted person may help note names, times, exact words and paperwork, with lawful authority and appropriate privacy limits. Do not delay urgent counsel while assembling a perfect archive. A licensing investigation is not an emergency release order.

For outside assistance see DRNM, legal help and support. For court papers, use the file-and-counsel request. Sources: § 43-1-10 and §§ 43-1-4 and -11.

Five decisions—not one permission

A document can support one step without authorizing every later restriction.

CERTIFICATION

An authorized professional certifies the statutory grounds for transport. CFE is a common operational name; § 43-1-10 describes the certification route. Credential authority does not settle whether the factual grounds existed. Emergency authority.

TRANSPORT

A peace officer needs a lawful basis for detention and transport. The section also supplies routes not dependent on a clinician's certificate. Home entry, force and search raise separate questions. Transport and entry.

ADMISSION

The admitting physician or certified psychologist must evaluate reasonable grounds for detention. The originating certificate is not a substitute for this assessment. Independent admission decision.

CONTINUED COURT DETENTION

A petition, screening and hearing lead to different findings and a limited order. A later extension requires another process. The transport certificate is not a thirty-day commitment order. Hearing safeguards · Transfer and extension.

TREATMENT CONSENT

Commitment does not itself establish inability to consent to psychotropic medication. Consent, a treatment guardian, an emergency provision and any court authorization must be distinguished. Treatment decisions.

ONE EVENT CAN RAISE SEVERAL QUESTIONS

A valid early step does not automatically validate later detention or treatment. Conversely, later discharge or disagreement does not by itself prove that the initial assessment was unreasonable. Evaluate the facts known at each decision, using the law applicable to that stage.

The legal timeline: May 2025 onward

Dates identify what changed; they are not a retroactivity opinion.

MAY 2025 · STARTING POINT

The emergency route already existed. The former harm definitions used “likelihood of serious harm” and included grave passive neglect. The official 2013 procedure, later opinions and 2026 introduced comparison support a bounded reconstruction. A complete official May 2025 codification audit remains open. Comparison.

JUNE 20, 2025 · HB 8

2025 Chapter 4 changed criminal competency procedures and adjacent civil/AOT referrals. It was signed February 27; the default effective date was June 20. It did not rewrite § 43-1-10’s clinician-certification route. Different procedures.

OCTOBER 3, 2025 · SPECIAL-SESSION SB 2

2025 First Special Session, Chapter 4 took effect as an emergency act. Its metropolitan-court competency-jurisdiction change is not a new clinical CFE harm test.

MARCH 6 SIGNED / MAY 20 EFFECTIVE · 2026 SB 3

2026 Chapter 46 was signed March 6; the default effective date was May 20. It replaced the harm definitions in §§ 43-1-3 and 43-1B-2. Do not use the signature date as the changeover date or confuse it with a differently numbered session’s bill.

SEPTEMBER 19, 2026 · THIS REVIEW

Final act text controls this comparison. Intermediate wording, fiscal summaries and online police forms may differ. Subsequent case treatment, local implementation and complete amendment coverage still need verification.

WEB · 2026 SB 3 — official enactment history
WEB · 2026 SB 3 — fiscal impact report
WEB · 2025 HB 8 — final criminal competency law
WEB · 2025 HB 8 — effective-date analysis
WEB · 2025 Special Session SB 2 — final act
WEB · 2025 Special Session SB 2 — official status

Before and after May 20, 2026

A comparison of wording—not a universal conclusion that detention became easier or harder.

FORMER SELF-HARM LANGUAGE

The earlier definition connected probable near-future suicide or serious self-injury through violent or other self-destructive means with grave passive neglect. The latter addressed failure to meet basic personal/medical needs or safety to a degree making serious bodily harm probable in the near future.

2026 SELF-HARM LANGUAGE

Section 43-1-3(N) now has two alternatives: likely intentional self-harm in the near future; OR a recent-behavior/basic-needs branch containing both (a) AND (b). The separate grave-passive-neglect definition is removed. A shorthand label cannot replace the new conditions. Read the conjunction carefully.

FORMER OTHERS-HARM LANGUAGE

Earlier text referred to probable serious unjustified bodily harm or a criminal sexual offense, evidenced by behavior causing, attempting or threatening such harm and giving rise to reasonable fear.

2026 OTHERS-HARM LANGUAGE

Section 43-1-3(M) connects recent inflicted/attempted serious bodily harm or conduct creating a substantial risk of such harm with likely repetition in the near future. Read the two parts together.

SOURCE HIERARCHY

The final 2026 act is the post-change source. The introduced bill is used only to identify former/deleted wording. The 2013 act's definitions are not displayed as a complete 2025 code. A policy still using older terms needs a version inquiry, not an automatic finding that its users acted illegally.

WEB · 2026 SB 3 — final definitions
WEB · 2026 SB 3 — introduced comparison text
WEB · 2013 SB 271 — final enacted § 43-1-10

Three version traps to avoid

The source date, event date, signature date and legal effective date answer different questions.

1 · INTERMEDIATE TEXT IS NOT THE FINAL ACT

An intermediate professional-determination phrase was removed during SB 3's amendment process. The final definitions do not contain it. That absence does not remove the professional qualifications separately required for certification or admission. Do not copy a fiscal summary into a purported quotation of the law.

2 · DEFINITION NAMES AND PROCEDURAL WORDING

The 2026 act changes "likelihood of serious harm" definition labels to "serious harm" labels. The emergency section's older wording remains. Reading the amended definitions with that procedure is an integration question; the wording mismatch is not a conclusion that CFE authority vanished or that safeguards may be ignored.

3 · UPLOAD DATE AND REPORTER YEAR

Mata was filed December 19, 2024 but has a 2025 reporter citation. The Lewis court PDF has an August 5 face date and September 5 upload/file stamp. Keep these dates distinct. Both address older events; neither adjudicates all implications of the new 2026 definitions.

> **FICTIONAL DATE-CROSSING EXAMPLE**
>
> A certificate dated May 19, 2026 is used for transport May 21 and a later hearing. Record the time and legal basis of each act. Do not mechanically apply one date to the whole episode. Ask counsel about transition rules, the grounds at each stage, the operative form and any applicable court order.

WEB · 2026 SB 3 — final definitions
WEB · 2026 SB 3 — amendments in context
WEB · State v. Mata — official opinion
WEB · In the Matter of Heather Lewis — official opinion

Definitions: choose the question first

A clinical description, a statutory condition and a court finding are not interchangeable.

Mental disorder: the missing causal link

The question is not simply whether someone has a psychiatric history.

The 2026 definition describes a substantial disorder of emotional processes, thought or cognition that grossly impairs judgment, behavior or recognition of reality. Developmental or intellectual disability is excluded from that definition; a person may nevertheless have a separate co-occurring condition. See § 43-1-3 and the final act.

IDENTIFY THE ACTUAL SUPPORT

What was observed? By whom and when? What was directly assessed and what came from another source? What facts connect the asserted disorder to the specified harm and need for immediate detention? A diagnosis, risk label or copied history is not the entire chain.

FICTIONAL EXAMPLE · DISAGREEMENT

A person challenges a bill, requests records and insists a chart is wrong. Those facts do not themselves establish the statutory disorder, harm or necessity conditions. The content of any additional behavior, context and professional observations still needs review.

FICTIONAL EXAMPLE · COEXISTING CONCERNS

Someone has a legitimate complaint and also exhibits evidence of an immediate serious risk. The complaint does not invalidate the risk evidence; the risk evidence does not prove every allegation in the complaint false. Keep the two inquiries separate.

> **EXPLAIN—DO NOT SELF-DIAGNOSE**
>
> Ask for the observed facts and the actual legal connection. Do not use this guide to diagnose another person, hide symptoms, or rehearse answers designed to evade evaluation. A source-grounded account can include both disputed and genuinely concerning facts.

WEB · 2026 SB 3 — final definitions
WEB · 2013 SB 271 — final enacted § 43-1-10

Serious harm to others

The new definition has a recent-conduct component and a future-repetition component.

FIRST · WHAT RECENT CONDUCT?

Identify recent inflicted or attempted serious bodily harm, OR conduct creating a substantial risk of serious bodily harm to another. Preserve the actual words, actions, distances, context, objects, witnesses and evidence—not just “aggressive” or “threatening.”

SECOND · WHY LIKELY TO RECUR SOON?

The final text also asks whether it is more likely than not that the conduct will be repeated in the near future. What supports that prediction? What new information or changed circumstances affect it? This is separate from merely showing that an event happened.

EXAMPLE · COMPLAINT VERSUS PHYSICAL RISK

“I will file a board complaint” is not, by that sentence alone, recent serious bodily harm or a substantial physical-harm risk. A complaint accompanied by separate conduct creating such a risk requires a different assessment. The full context matters; the guide does not immunize conduct by calling it advocacy.

EXAMPLE · OLD HISTORY

An old incident may be relevant context. Its age, intervening conduct, present circumstances and reliability matter. The statute does not supply a universal numerical definition of “recent past” or “near future.” An old label alone is not an explained current prediction.

> **TEXT BEFORE SHORTHAND**
>
> Do not collapse “others may feel uncomfortable” into the statutory conditions. Equally, lack of a completed injury does not rule out the attempted-harm or substantial-risk alternatives. Read the final definition with the emergency procedure.

WEB · 2026 SB 3 — final definitions

Serious harm to self: intentional acts

This is one alternative—not the only self-harm branch.

Section 43-1-3(N)(1) addresses a near-future probability of attempting self-inflicted death or intentionally causing serious bodily harm to oneself. Certification still needs the mental-disorder connection and immediate-necessity condition in the emergency section. Definition · Procedure.

ASK WHAT WAS ACTUALLY KNOWN

Distinguish a direct statement, a reported statement, an inference, an observed act and a later recollection. Record exact language only when the source supports it. The conditions are not established simply by writing “high risk” without an explained basis.

REVIEW AT THE TIME OF EACH DECISION

An assessment may reasonably change after more information, treatment or changed circumstances. Later improvement does not alone prove the original decision wrong; an earlier risk finding does not alone justify continuing restrictions after its basis changes.

FICTIONAL EXAMPLE

A note says “suicidal,” while the recorded statement is a past-tense description of an earlier event. That difference calls for the complete recording, surrounding questions, time reference and assessment—not an automatic accusation of fabrication. Other contemporaneous evidence may support or undermine the conclusion.

> #### DO NOT TREAT THIS AS A SCREENING SCRIPT
>
> This page does not identify answers that guarantee discharge. For a current serious safety concern, communicate honestly with an appropriate clinician or safety resource. For a disputed account, preserve the original and request a source-linked clarification.

The separate basic-needs branch requires its own analysis. It must not be substituted silently for the intentional-harm branch.

WEB · 2026 SB 3 — final definitions
WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · O’Connor v. Donaldson — U.S. Reports

The basic-needs branch: (a) AND (b)

The conjunction is essential. “Lacks decisional capacity” is not a stand-alone detention rule.

SUBPARAGRAPH (a) · CONNECTION AND CONSEQUENCE

Recent behavior must demonstrate that, as a result of a mental disorder, the person lacks decisional capacity to satisfy nourishment, personal or medical care, shelter, or self-protection and safety needs. That lack must make death, serious bodily injury, or serious physical or mental debilitation more likely than not in the near future if treatment is not ordered.

SUBPARAGRAPH (b) · ADDITIONAL REQUIREMENT

The person’s recent behavior must also make serious physical debilitation more likely than not in the near future unless adequate treatment is provided under the Code. The word “mental” in (a) does not erase the additional physical-debilitation condition in (b).

> **LOGICAL READING—NOT A CLINICAL CALCULATOR**
>
> Intentional self-harm branch OR [recent behavior meeting (a) AND (b)]. Within (a), keep the mental-disorder cause, capacity limitation, listed need, predicted consequence and timing. This model preserves the text’s conditions; it does not assign a person a risk percentage or decide the facts.

FICTIONAL EXAMPLE · NEED VERSUS INCAPACITY

Lacking money for food or housing does not, by itself, establish illness-caused decisional incapacity. Conversely, having a mailing address does not alone refute an inability to meet a critical need. Ask what assistance is actually available, usable and sufficient, and why a qualifying near-future harm is predicted.

Read the entire statutory passage at the definitions card and test alternatives under least drastic means.

WEB · 2026 SB 3 — final definitions

Capacity is tied to the decision

Treatment disagreement, legal incompetency and daily-life difficulty are not one status.

BASIC-NEEDS DECISIONAL CAPACITY

SB 3's new self-harm branch connects capacity to meeting specified needs, a mental disorder and predicted serious consequences. The act does not provide a free-standing universal capacity checklist. Ask what functional inability is asserted and the evidence for its cause and consequences.

CONSENT TO TREATMENT

Section 43-1-15 addresses understanding the proposed treatment and consequences and informed consent. Involuntary commitment or a pending commitment hearing alone does not establish inability to consent. Its current-codification verification remains open. Consent and guardians.

CRIMINAL COMPETENCY

Competence to proceed in a criminal case addresses another legal question and process. A criminal competency decision is not automatically a valid CFE or a treatment-consent determination. Criminal/AOT distinction.

FICTIONAL EXAMPLE · COMMUNICATION

A person asks for extra time, written questions or an interpreter. Document the requested support and what was possible with it. Silence, slow responses, unfamiliar vocabulary or disagreement should not be treated as self-explanatory evidence of incapacity. Other facts and applicable access obligations still require examination.

> **QUESTIONS THAT MAKE THE RECORD TESTABLE**
>
> Which decision? Which information was explained? What did the person understand or fail to understand? What actual limitation remained after communication support? What reason was given? What alternatives or prior expressed preferences were considered? These are review questions, not a diagnosis or court finding.

WEB · 2026 SB 3 — final definitions
WEB · § 43-1-15 — consent and treatment guardians
WEB · 2025 HB 8 — final criminal competency law
WEB · 42 C.F.R. § 482.13 — official 2024 edition

Timing words and standards of proof

Do not turn every threshold into the same test.

RECENT PAST / NEAR FUTURE

The final 2026 harm definitions use these terms without specifying one universal number of hours or days. Record the event dates, recency, intervening changes and basis for the forecast. Do not invent a 24-hour observation rule from those words.

MORE LIKELY THAN NOT

This language belongs to specified predictive conditions in the harm definitions. It is not permission to announce a precise numerical clinical probability without support. A legal condition about likely future harm is distinct from the court's burden of proof.

REASONABLE GROUNDS / EMERGENCY NECESSITY

Section 43-1-10 supplies reasonable-grounds and immediate-necessity inquiries at specified stages. A later civil hearing has its own required findings. Failure to establish continued commitment does not automatically invalidate every earlier emergency action.

CLEAR AND CONVINCING EVIDENCE

Section 43-1-11 and Addington address the civil commitment proof burden. The decision-maker must apply the applicable legal conditions with the required evidentiary confidence; SB 3's probability language does not replace that hearing burden. Court findings · Constitutional context.

> **TWO QUESTIONS, KEPT SEPARATE**
>
> What proposition must be shown? How strongly must the evidence establish it at this procedural stage? A mathematically tidy model helps preserve the conjunctions; it does not replace testimony, professional judgment, cross-examination or judicial fact-finding.

WEB · 2026 SB 3 — final definitions
WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · State v. Mata — official opinion
WEB · Addington v. Texas — U.S. Reports

Least drastic means: concrete alternatives

An alternative has to address the actual risk; an unsupported promise is not a complete plan.

Section 43-1-3(D) examines treatment and its conditions separately and together. They must not be more harsh, hazardous or intrusive than necessary for acceptable treatment objectives. Movement and residential restrictions require the stated necessity; the suitable available facility is to be close to residence. Full definition and limits.

MAKE AN ALTERNATIVE SPECIFIC

An identified support person, available appointment, safe housing, transport, communication help or existing care plan may be relevant. Record who agreed to do what, when, whether it is actually available, and what risk it does or does not address. Do not expose another person's private information unnecessarily.

ASK FOR THE REASON

What objective is being addressed? Why was the proposed alternative insufficient? What changed on reassessment? A conclusory "no alternatives" can be examined against the actual options; it is not automatically disproved by a theoretical service that was unavailable.

FICTIONAL EXAMPLE

A family member offers a ride but cannot provide the supervision or medical care identified as necessary. That offer alone may not resolve the concern. Alternatively, an existing workable plan may deserve attention before a more restrictive choice. The specific facts determine the comparison.

> #### NOT A GUARANTEE OF A PREFERRED FACILITY
>
> "Suitable," "available" and the treatment/protection conditions matter. The text does not promise any facility the person selects. Treatment benefit and necessity also require their own findings at the court stage.

WEB · 2026 SB 3 — final definitions

WEB · State v. Mata — official opinion

WEB · In the Matter of Heather Lewis — official opinion

Who may perform each legal role?

Professional licensure is only the first question.

CERTIFICATION FOR TRANSPORT

Section 43-1-10(A)(4) names a physician, a psychologist, or a qualified independently licensed mental-health professional affiliated with a community mental-health center or core service agency. Read the exact category and affiliation wording rather than inferring authority from a badge, job title or “Dr.” Certification text.

INDEPENDENT-PRACTICE CATEGORY

The 2026 definition lists independent social workers, professional clinical mental-health counselors, marriage/family therapists, certified nurse practitioners, clinical nurse specialists with a mental-health specialty, and licensed art therapists, with the stated training and experience. Verify the specific license and legal category on the event date.

ADMISSION / DISCHARGE

The Code separately addresses physicians/certified psychologists and admitting privileges if required. It is unsafe to copy the transport-certifier list into every admission, consent or screening rule. Admission.

MATA: A DIFFERENT SCREENING ROLE

Mata accepted a psychiatric nurse practitioner’s screening under § 43-1-11(A) and rejected an additional requirement of clear-and-convincing proof that a physician was unavailable. That does not declare every NP a physician for all Code tasks. Mata.

REVIEW RECORD

Name; actual credential and license status; statutory role; affiliation/privileges where required; training/experience; act performed; date. A credential defect and an unsupported factual certificate are separate issues.

WEB · 2026 SB 3 — final definitions

WEB · 2013 SB 271 — final enacted § 43-1-10

WEB · State v. Mata — official opinion

Procedure: follow the legal handoffs

Separate a document's title from the authority actually relied on.

Examine the certificate's foundation

Being authorized to sign does not make every signed assertion correct.

The emergency certification route connects a mental disorder, the specified serious-harm concern and immediate detention necessary to prevent that harm. It authorizes transport, not every later decision. § 43-1-10.

IDENTIFY THE INSTRUMENT

Obtain the exact signed certificate, time of issue, expiration or duration language, amendments, transmitted version, named recipient and any asserted court order. A blank current form is not evidence of what was signed in a past event.

SEPARATE INFORMATION SOURCES

Identify direct examination/observation, phone or remote contact, chart history, third-party statements and inference. Ask when each source was obtained and what was actually said. Do not invent a universal in-person examination or 24-hour recency condition that the linked statute does not state.

TEST THE REASONING, NOT JUST THE LABEL

What facts support each required element? What contradictory information was known? Why was immediate detention necessary, rather than a specific less restrictive measure? "For evaluation" does not eliminate the conditions needed to compel transport.

CLINICAL ERROR VERSUS MISUSE

A later disagreement can reflect reasonable uncertainty, incomplete information, negligence, a material false statement, or something else. Knowing fabrication, discriminatory purpose and unlawful retaliation require their own evidence and legal analysis. Do not infer intent just from an adverse outcome.

> #### RECORDS FIRST, NOT ACCUSATIONS FIRST
>
> Use the certificate request and the concern-by-concern audit. A board can assess professional conduct; counsel can assess liberty, procedure and legal remedies. One review does not replace the others.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2026 SB 3 — final definitions
WEB · Pino v. Higgs — Tenth Circuit opinion text

Transport is not a search warrant

A CFE is not the only possible detention basis, and it does not resolve every entry or force question.

FOUR STATUTORY OFFICER ROUTES

Section 43-1-10(A) addresses otherwise lawful arrest; reasonable grounds to believe a just-attempted suicide; the officer's own observation/investigation meeting the harm and immediate-necessity conditions; or qualifying professional certification. The exact branch matters. Absence of a CFE does not alone disprove another lawful basis.

HOME ENTRY

Caniglia rejects "community caretaking" as a stand-alone justification for warrantless home entry. Consent, exigent circumstances and other doctrines require separate analysis. APD's dated 2-85 policy also says a CFE alone is not a forced-entry basis. This is not an instruction to obstruct or physically resist officers.

TRANSPORT AND HANDOFF

Record why the person was taken, where, by whom, relevant communications, the certificate and handoff. Under the officer-observation branch, § 43-1-10(A)(3) specifies an arrival interview by the admitting physician or designee. Force, restraint, search and property handling remain separate questions.

> **THE 24-HOUR RULE IS NARROW**
>
> Section 43-1-10(D) permits a detention facility as temporary protective shelter only in extreme emergencies, for no longer than necessary and never more than 24 hours, with specified non-prisoner protections. This is not a universal hospital evaluation deadline. Read the section.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · Caniglia v. Strom — Supreme Court opinion
WEB · APD SOP 2-85 — Certificates for Evaluation

The hospital must make its own assessment

The originating clinician's certificate does not decide the admission question by itself.

Under § 43-1-10(E), the admitting physician or certified psychologist evaluates whether reasonable grounds exist to detain the proposed client for evaluation and treatment. If that clinician determines they do not, the proposed client shall not be detained under that provision. Admission and arrival rights.

CHECK THE CONTEMPORANEOUS RECORD

Who performed the assessment, in what role, and when? What facts and sources were reviewed? Does the admission note merely repeat a referral, or show the required evaluation? Missing material in one production does not prove no assessment occurred; ask which record documents it.

ARRIVAL INFORMATION

The section requires oral and written notice of purpose and possible consequences, the seven-day hearing right, counsel, communication with an attorney and mental-health professional of the person's choosing, and necessary/appropriate treatment. Ask for the version actually provided and the documentation of delivery.

COMMUNICATION IS NOT GUARANTEED RETENTION

The right to communicate does not mean every chosen lawyer or clinician must accept the case, appear immediately or be paid by the facility. Identify barriers and request workable access. Confirm who is responsible for urgent court tasks.

> ### A FICTIONAL HANDOFF
>
> An issuer reports one set of facts; the receiving evaluation obtains contradictory evidence. Preserve both. The receiving clinician's decision needs its own grounds. Neither automatic adoption nor automatic rejection of the first report is a substitute for the legal assessment.

WEB · 2013 SB 271 — final enacted § 43-1-10

WEB · State v. Mata — official opinion

Petition, screening, counsel and findings

This page concerns the adult civil commitment hearing, not criminal competency.

FILING AND NOTICE

Section 43-1-11 describes a petition within five days of admission if continued commitment is sought and a hearing within seven days, subject to the actual statutory/case rules. The petition includes supporting symptoms/behavior, reasons, screening material and witnesses/summaries. Verify service and the actual filed version.

PARTICIPATION

The section provides counsel, presentation of evidence including an independent professional, cross-examination, presence subject to the specified waiver, and a complete record. Ask counsel what was requested, supplied, waived, opposed or preserved for review. A waiver should not be inferred from silence or a generic intake signature.

FINDINGS

The court must find the required mental-disorder/harm condition, need for and likely benefit from treatment, and consistency with least drastic means by clear and convincing evidence. The original certificate's wording does not replace the evidence and findings for this stage.

SCREENING IS A DISTINCT ROLE

Mata is useful for the psychiatric nurse-practitioner screening question. Do not turn its role-specific holding into a permission for any staff member to perform every required assessment.

> **SOURCE AND COMPUTATION LIMIT**
>
> The official Mata and Lewis opinions reproduce and apply key provisions. The full section is cross-checked in a statutory reproduction; current official codification and later treatment remain open. "Five" and "seven" are not automatically raw calendar-day calculations. See the clock distinctions.

WEB · State v. Mata — official opinion
WEB · In the Matter of Heather Lewis — official opinion
WEB · § 43-1-11 — codification cross-check
WEB · N.M. Department of Health v. Compton — opinion text

There is no single “CFE clock”

Record the triggering event and legal stage before discussing a number.

72 HOURS · DATED APD TRANSPORT POLICY

The retrieved 2-85 PDF says a CFE is good for 72 hours after issuance unless otherwise specified. It is a dated local policy window, not a statewide hospital detention period. Its current operative status is not certified. Policy version traps.

24 HOURS · EXTREME-EMERGENCY SHELTER

The § 43-1-10(D) ceiling applies to the detention-facility protective-shelter situation—not every evaluation facility. It also requires no longer than necessary, even before the ceiling.

FIVE / SEVEN DAYS · PETITION / HEARING

Section 43-1-11 ties the adult emergency admission to a five-day petition and seven-day hearing structure. Compton applies statutory time computation and permits a good-cause continuance in context; lateness is neither automatically harmless nor invariably jurisdictional dismissal. Ask counsel promptly.

30 DAYS / 21 DAYS · COURT COMMITMENT / EXTENSION

An initial court commitment is up to 30 days, not a new period beginning whenever transfer occurs. Lewis addresses the start and the extension petition within 21 days of the beginning of commitment. Read the case-specific limits.

THREE COURT DAYS / THREE CALENDAR DAYS · DIFFERENT CONSENT STEPS

The treatment-guardian text uses three court days for its hearing and three calendar days after receiving notice for appeal of a guardian’s decision. These are not interchangeable or a complete appellate calendar. Consent source gate.

> **NO INDIVIDUAL DEADLINE CALCULATED**
>
> Log admission, detention, filing, service, hearing, order and notice separately. Express units, weekends/holidays, waiver, continuance, local rules and the particular remedy can change the analysis. Use the stage log.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · In the Matter of Heather Lewis — official opinion
WEB · N.M. Department of Health v. Compton — opinion text
WEB · § 43-1-15 — consent and treatment guardians
WEB · § 12-2A-7 — time computation
WEB · APD SOP 2-85 — Certificates for Evaluation

No automatic reset for a bed or transfer

An ongoing restriction needs ongoing authority.

LEWIS: THE TRANSFER-DATE ERROR

The Court of Appeals rejected postponing the start of a thirty-day civil commitment until transfer to the New Mexico Behavioral Health Institute. A waiting list or available bed did not authorize an otherwise expanded statutory term. The opinion discusses the hearing and deprivation of liberty by court order; its application turned on the actual order dates.

WHAT TO PRESERVE

Emergency admission date/time; petition; hearing record; signed and entered orders; any proposed or amended order; transport/bed-placement communications; actual transfer; and any extension petition. Do not calculate the period only from the day a preferred facility received the person.

EXTENSION IS ANOTHER PROCESS

Lewis describes § 43-1-12: a petition within 21 days of the beginning of commitment, information about treatment and an individualized plan, a hearing before the initial period ends, the continued rights and a six-person jury if requested. Continued harm, likely improvement and least drastic means require the specified proof.

REVIEW AFTER DISCHARGE

Lewis reached the statutory issue despite the particular mootness question and remanded to vacate the order. That does not guarantee every discharged person an appeal on the merits or establish damages. Counsel must assess standing, mootness exceptions, preservation, remedy and time limits.

> **DO NOT SELF-RELEASE ON A CHECKLIST**
>
> A suspected expired or defective order is a reason for immediate legal review, not physical resistance or leaving without authorization. Ask for the actual authority being used and communicate the discrepancy to counsel.

WEB · In the Matter of Heather Lewis — official opinion

Commitment is not treatment consent

Detention, capacity and permission for a particular treatment must be separated.

PROVISIONAL CODIFICATION · READ WITH COUNSEL

This section uses the text of § 43-1-15 in a statutory reproduction. An official current code capture and complete later-treatment review remain release gates. The boundaries below are not a recommendation to accept or reject medication.

CAPABLE ADULT

The section requires proper consent for psychotropic medication and specified special treatments, and addresses understanding the proposed treatment and consequences. It expressly rejects presumed incapacity solely from involuntary commitment or awaiting a commitment hearing.

TREATMENT GUARDIAN

A petition, service on the person and attorney, hearing within three court days, counsel and participation rights precede a clear-and-convincing incapacity finding. An appointment has a scope and term; it is not simply a staff member deciding to sign for the patient.

THE PERSON'S VIEWS STILL MATTER

The guardian's text requires consultation, consideration of expressed views and prior decisions, best interests and least drastic means. Ask for the appointment order, actual treatment decision and notice—not just "guardian approved."

CHALLENGE OR RESTORED CAPACITY

The text allows appeal of a guardian decision within three calendar days after receiving notice and a petition when capacity has returned. Ask counsel which filing is needed, where, and by when. A hospital grievance does not substitute for that step.

Emergency medication has a separate, bounded provision on the next page. Consent authority card.

WEB · § 43-1-15 — consent and treatment guardians

Emergency medication is a separate inquiry

An emergency label must be connected to the authority actually used.

SECTION 43-1-15(M) · NARROW WORDING

The reproduced subsection permits a licensed physician, in the stated emergency circumstances, to administer psychotropic medication to protect the client from serious harm while the treatment-guardian procedures are being satisfied. It calls for a dated chart report explaining the emergency and why less drastic means would not protect the client. The court-related alternative also has conditions.

DO NOT BROADEN THIS SUBSECTION

Its client-protection wording should not be rewritten as “any staff member may medicate for any perceived risk to anyone.” Other lawful authorities, restraint rules and particular emergencies require separate analysis. The current official codification of this subsection still needs confirmation.

RESTRAINT / SECLUSION

The official 2024 snapshot of 42 C.F.R. § 482.13 prohibits restraint or seclusion for coercion, discipline, convenience or retaliation and requires its safety-related conditions. A medication is not automatically a restraint; purpose, standard treatment/dose and the definition matter. Federal restraint compliance is not itself a substitute for state consent authority.

RECORDS TO IDENTIFY

Medication and administration times; prescriber/order; informed-consent record; guardian petition/order/notice; emergency explanation; alternatives; observation/monitoring; restraint/seclusion orders; debrief or review; and adverse reactions communicated. A request does not guarantee access to every internal review document.

Use the treatment-authority request. For the federal source’s archived status see hospital rights; for state consent see § 43-1-15.

WEB · § 43-1-15 — consent and treatment guardians

WEB · 42 C.F.R. § 482.13 — official 2024 edition

Nearby procedures that are not a CFE

Using similar words does not merge their conditions or consequences.

ASSISTED OUTPATIENT TREATMENT

AOT is a court-ordered outpatient framework with separate petition, eligibility, hearing, service and treatment rules. SB 3 also changes its definitions in § 43-1B-2. Its qualified-professional list differs from the Code's transport categories. Do not copy one into the other.

CRIMINAL COMPETENCY

2025 HB 8 and Special Session SB 2 concern criminal competency and related referrals/jurisdiction. A criminal defendant's competency evaluation, detention authority and referral are not a clinician's ordinary § 43-1-10 certificate. Identify the case and order rather than importing a criminal rule into a patient encounter.

NONEMERGENCY CIVIL PETITION

Section 43-1-11 also has a nonemergency route involving an interested person's request to the district attorney, a separate action period and service process. Its seventy-two-hour language is not a generic hospital hold. This companion does not provide a filing form for that route.

VOLUNTARY CARE / OTHER HOLDS

Ask whether consent is voluntary and how any change of status was documented. A form caption does not prove a meaningful choice. Other asserted medical, criminal, guardianship or protective authority requires its own source and facts.

SPECIAL POPULATIONS / LOCATIONS

Do not mechanically apply this adult civil guide to minors, tribal proceedings, federal facilities, intellectual/developmental-disability commitment or interstate orders. A student or public employee can also be a patient; employment or academic disputes do not themselves select the detention law.

WEB · 2026 SB 3 — final definitions
WEB · 2025 HB 8 — final criminal competency law
WEB · 2025 Special Session SB 2 — final act
WEB · § 43-1-11 — codification cross-check

Local policy, statutory law and record copies

A stale web PDF is evidence of the document retrieved—not proof of the rule used in a particular event.

APD 2-85: CHECK THE FACE DATE

The retrieved certificate policy says effective February 22, 2023 and review due February 22, 2024. It contains a seventy-two-hour certificate window and older harm terminology. Ask for the policy/form and any superseding order actually in effect at the time of the event. Do not present this dated PDF as a verified September 2026 operational policy.

TRANSPORT WINDOW IS NOT HOSPITAL AUTHORITY

A local certificate duration and an inpatient statutory hearing/commitment period are different clocks. An expired certificate may raise a question about that transport route, but another lawful basis or later order must be checked separately.

ONE WORKING COPY VERSUS THE REPOSITORY

The dated policy discusses disposal of unserved working paperwork at shift end and a CIU repository of past certificates. A missing working copy alone does not prove every copy was destroyed. Ask about the repository, system owner, transmission trail, retention and any preservation duty.

BROADER CRISIS TERMS

APD's dated behavioral-health-response policy covers a wider range of situations than the statutory detention conditions. A person can warrant assistance without the facts necessarily authorizing forced evaluation.

> **REQUEST THE CONTROLLING VERSION**
>
> Policy identifier; revision/effective dates; approving authority; superseding orders; form used; dissemination/training materials where maintained. Obtain existing records; do not claim that a public-records request compels a newly created legal analysis.

WEB · APD SOP 2-85 — Certificates for Evaluation

WEB · APD SOP 2-19 — behavioral-health response

Suspected misuse: turn concerns into questions

The aim is an auditable account—not a prewritten accusation of guilt.

A professional may have legal authority to use a procedure and still be questioned about whether a particular use met its conditions. Conversely, an unpleasant outcome, clinical disagreement or later discharge does not by itself establish misconduct. Review each actor, act, date, source and required condition separately.

A USEFUL REVIEW CHAIN

Concern; exact legal or professional duty; supporting facts; contrary or missing facts; person responsible; available review process; independent clock; possible remedy and limits.

Materially inaccurate facts or a faulty issuer role p. 30 →
Wrong identity, copied history, source distortion, qualifications.

Coercion, retaliation or discriminatory treatment p. 31 →
Purpose evidence without assuming motive from sequence alone.

Admission, hearings, extensions and repeated certificates p. 32 →
Separate handoffs, actual orders and current grounds.

Consent, medication, force and disclosure p. 33 →
A separate authority and record trail for each intrusion.

What legal help can assess p. 34 →
State-law redress, constitutional questions, defendants and defenses.

NO SINGLE "ILLEGAL CFE" TEST

Possible statutory error, negligence, malpractice, false imprisonment, discrimination, professional misconduct and constitutional violations are not interchangeable. Some may overlap; none is established merely by naming it. The authority cards and review routes deliberately preserve these distinctions.

Concern: the facts or issuer role are wrong

An accuracy dispute can be serious without proving deliberate fabrication.

POSSIBLE CONCERN

Wrong person; a quotation detached from its meaning; past conduct recorded as current; an exam documented as occurring when the person disputes it; copied material assigned to a different source; or a signer outside the relevant credential/affiliation category.

RECORDS THAT CAN TEST IT

Exact signed certificate and transmitted versions; encounter timestamps; source notes; authorized audit/version information if available; communications; witness first accounts; recordings lawfully held; credential records and relevant role/affiliation information. Distinguish creation time, signature time, correction time and transmission time.

CONTRARY / MISSING FACTS

A late signature may document earlier care; an amended note may identify a legitimate correction; a remote or collateral source may exist; information absent from one copy may be elsewhere. Those possibilities require checking, not automatic acceptance or rejection.

PRECISE PRESENTATION

“The certificate attributes statement X to me at time Y. My retained recording contains Z at locator W. I request review of the discrepancy and the source used.” Explain why the difference matters to a specific condition; avoid an unsupported assertion that every downstream decision was fraudulent.

ROLE-SPECIFIC REVIEW

Verify the exact task before challenging credentials. Mata concerns § 43-1-11 screening, while admission and certification use other language. Send professional-conduct issues to the proper board, and liberty/procedure questions to counsel. Credential map · Review routes.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2026 SB 3 — final definitions
WEB · State v. Mata — official opinion
WEB · 2024 SB 230 — § 43-1-19 records

Concern: the procedure was used as leverage

A threat of coercive action merits careful documentation; it does not eliminate genuine safety questions.

POSSIBLE CONCERN

A person reports that a clinician threatened certification to stop a records request, complaint or disagreement; conditioned a benefit on silence; selected the person for a protected characteristic; or treated a communication barrier as evidence of disorder without examining it.

WHAT TO PRESERVE

Exact words and context; the underlying complaint or request; who knew about it and when; the clinical facts available; timing; any stated reason; relevant policy; comparable treatment when genuinely comparable; and later changes. Preserve unhelpful information too.

WHAT THE TIMELINE CANNOT DO ALONE

A negative event after a complaint does not itself establish legal retaliation or causation. The relevant protection must cover the person, activity, actor and alleged response. Legitimate risk evidence can coexist with a complaint, and a clinician's subjective displeasure does not alone decide every legal claim.

FRAMEWORK-SPECIFIC QUESTIONS

Ask counsel whether a particular disability, health civil-rights, employment, education, constitutional or other protection applies. The statutory detention criteria remain a separate question. HHS OCR's gateway distinguishes its civil-rights and privacy processes; it is not a general appeal of every medical disagreement.

> **A FACT-BASED COMPLAINT**
>
> State the conduct and the suspected connection as an allegation. Request independent review of the facts, the applicable criteria and any conflict. Do not label someone a criminal or a legally protected whistleblower without the needed legal analysis. Complaint outline.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2026 SB 3 — final definitions
WEB · HHS Office for Civil Rights — complaints
WEB · U.S. DOJ Civil Rights — reporting gateway

Concern: one step replaced another

Transport paperwork cannot silently stand in for every later safeguard.

MISSING INDEPENDENT ADMISSION

Ask for the § 43-1-10(E) assessment and the responsible admitting role. A bare reference to the referral is a reason to inquire; absence from one produced packet is not proof that no evaluation occurred.

LATE OR UNEXPLAINED HEARING

Preserve admission, petition, service, notices, waiver discussion, continuance requests and orders. Compton requires attention to computation and good cause. Bring an apparent defect promptly to counsel; do not assume either automatic release or an unlimited power to delay.

BED / TRANSFER RESET

Compare the order with the actual deprivation of liberty, hearing and transfer. Lewis rejects postponing the thirty-day start to await transfer. The exact applicable start and extension procedures should be assessed from the whole record.

SERIAL CERTIFICATES OR STATUS CHANGES

Request each certificate and a continuous timeline. What new facts justified each act? Was there a genuine release or merely a change of paperwork/facility? New qualifying facts may support new action; repeated labels alone do not establish a lawful reset. This guide does not resolve the legality of serial certifications without current authority and facts.

> ### A COURT PROBLEM NEEDS THE CORRECT REMEDY
>
> A board may review professional conduct but cannot substitute for an urgent challenge to ongoing detention. Ask counsel about the actual court remedy, case posture and deadline. Do not wait for an ordinary investigation to protect a hearing or appeal.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · In the Matter of Heather Lewis — official opinion
WEB · N.M. Department of Health v. Compton — opinion text
WEB · New Mexico Medical Board — complaints

Concern: treatment, force or disclosure exceeded authority

A lawful reason to evaluate does not automatically justify every act during evaluation.

CONSENT / MEDICATION

Identify the proposed treatment, informed-consent record, capacity assessment, guardian order or claimed emergency authority, actual administration and review. The medication-emergency provision has its own actor, purpose and documentation conditions. State consent.

RESTRAINT / SECLUSION / FORCE

Separate police force during transport from facility restraint or medication. Ask what immediate safety concern existed, what less restrictive measures were considered, how the action was ordered/monitored and when it ended. A drug is not a restraint solely because it causes sedation; apply the definition. Hospital source.

DISCLOSURE

Identify who shared what, with whom, for what purpose and under which rule. The mental-health confidentiality statute contains specified exceptions. Lack of consent alone does not prove every crisis or treatment disclosure unlawful. Conversely, a CFE is not unlimited permission to publish a chart. State records rules.

ACCESS / CORRECTION

A professional may dispute the requested correction; that does not erase separate rights to access or submit a qualifying statement. Ask for the specific basis and review procedure. Federal rules, FERPA exclusions and state protections may interact; choose the actual record system.

> **DIGNITY AND SUPPORT**
>
> Document communication needs, injuries and adverse reactions accurately. Seek appropriate care and legal assistance without attempting to manufacture a confrontation or obtain private third-party records without authority. Review request · Record map.

WEB · § 43-1-15 — consent and treatment guardians
WEB · 42 C.F.R. § 482.13 — official 2024 edition
WEB · 2024 SB 230 — § 43-1-19 records
WEB · Caniglia v. Strom — Supreme Court opinion

What a lawyer can assess—and what a guide cannot

A statute, a factual problem and a recoverable legal claim are different parts of the analysis.

STATE-LAW RIGHTS AND REDRESS

Section 43-1-23 describes a court redress route and counsel for protected client rights, with a Tort Claims Act qualification. Ask about the appropriate application, habeas or other review, proper parties, relief, notices and deadlines. This provision is not a promise that every error yields damages. Redress source gate.

CONSTITUTIONAL LIBERTY

O'Connor addresses continued confinement of a nondangerous person capable of safe survival in freedom, without more; Addington addresses the commitment proof burden. Neither supplies the complete 2026 New Mexico test or decides whether a particular emergency seizure was valid. Constitutional context.

PRIVATE CLINICIAN / STATE ACTION

Pino held that the private physician's certification in that case did not automatically make the physician a state actor for the federal civil-rights claim. Police transport and statutory authorization alone were not enough there. Public employment, function, joint participation and other facts require separate analysis. Pino.

OTHER POSSIBLE VEHICLES

Counsel may examine applicable state tort, professional-negligence, statutory, disability/discrimination or constitutional routes. Each needs its own elements, defendant/capacity, causation, injury, defenses, prerequisites and limitations. An actor's liability can differ from another actor's in the same episode.

> **PROMPT REVIEW, NOT A GUARANTEED CLAIM**
>
> Governmental defendants, licensed health-care providers and other parties may have different notice and filing regimes. No damages deadline is calculated here. Bring actual dates and orders, and confirm whether counsel accepted responsibility for any deadline. Criminal-reporting and civil-remedy routes are also separate.

WEB · § 43-1-23 — redress of client rights
WEB · O'Connor v. Donaldson — U.S. Reports
WEB · Addington v. Texas — U.S. Reports
WEB · Pino v. Higgs — Tenth Circuit opinion text

Build the record across separate systems

The same event can create several different records with different custodians and access rules.

CERTIFYING PROFESSIONAL / ORGANIZATION

Certificate, every retained version, assessment, factual basis, collateral information, communications, signature/transmission information and governing form/policy. Request existing records rather than a new expert report.

POLICE / DISPATCH

CAD/event history, dispatch communications, officer report, CIT/contact sheet, CFE received, transport/handoff, available audio/video and relevant repository/retention records. Separate public access from targeted preservation. APD's dated workflow is an example, not a statewide promise that every listed record exists.

RECEIVING FACILITY

Arrival/admission and status changes; independent evaluation; rights notices; clinical notes; medication orders/administration; consent/guardian/emergency records; restraint/seclusion documents; discharge/transfer; grievance materials. Some peer-review, third-party or other material may require a different route or be restricted.

COURT / COUNSEL

Petition, screening materials, notices/service, hearing record, exhibits, waiver/continuance, orders, entry dates, extension and review filings. Court files can be confidential; ask for the authorized client/counsel route rather than assume public docket access.

> **A REQUEST LIST IS NOT AN ENTITLEMENT LIST**
>
> Name the records, dates, identifiers, system and format sought. Ask for the basis for any withholding and available portions. Do not treat nonproduction as proof of deletion. Use certificate, hospital, police and court requests.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · APD SOP 2-85 — Certificates for Evaluation
WEB · 2024 SB 230 — § 43-1-19 records
WEB · In the Matter of Heather Lewis — official opinion

The state mental-health record rule matters

Access and an attached correcting statement are different from erasing history.

The official 2024 SB 230 final act supplies § 43-1-19, effective July 1, 2024. Its adult-client record provisions are on printed pages 7–12; the earlier pages address a different child-related section. State authority card.

ACCESS AND COPIES

Subsection D provides client access and copies of confidential information about the client. It also has a professionally documented best-interest limitation and a court-petition path. Do not stop the analysis there: subsection G preserves federal confidentiality rights, and applicable federal access rules require their own check.

CLARIFYING / CORRECTING STATEMENT

The section provides for a client's clarifying or correcting statement and supporting documentation of reasonable length, maintained with the relevant record and accompanying its disclosure as specified. That is different from demanding deletion, forcing agreement or silently rewriting the only original.

DISCLOSURE EXCEPTIONS ARE SPECIFIC

The section distinguishes needed treatment-team information, certain serious imminent physical-harm circumstances, primary-caregiver continuity disclosures under specified professional judgment, and other permitted routes. Do not collapse these into permission for any employee to share anything.

> **CHOOSE THE RIGHT COMPANION**
>
> Records Access & Corrections explains HIPAA access/amendment, FERPA education versus qualifying treatment records, IPRA, FOIA and Privacy Act distinctions. A public institution's record need not be publicly inspectable merely because it fits a public-record definition. The correct holder, purpose and request route remain essential.

WEB · 2024 SB 230 — § 43-1-19 records

Electronic requests with a defensible trail

Use an accepted secure route; electronic does not automatically mean received, filed or protected.

PRESERVE BEFORE TRANSFORMING

Keep original downloads, native messages/attachments, available headers, source URLs, portal confirmations, timestamps/time zones, exact submitted files and returned files. A hash can show byte identity, not truth, completeness or legal admissibility.

A SMALL REQUEST CAN BE EFFECTIVE

Use event/case identifiers, a bounded date range, the relevant record categories and a requested electronic format where available. Follow identity/authority verification and required forms. Do not send a full chart merely to ask who the records custodian is.

SEPARATE THE THREE TASKS

Access asks for records. Preservation asks that identified material be retained. Correction identifies an error or attaches a statement. None should be assumed to complete a court filing or stop unrelated clocks. Some access laws have specific preservation protections; consult the Records companion rather than state one universal rule.

AI AND LATER LEGAL PROCESS

Keep original recollection separate from AI summaries or drafts. Label transformations and verify quotes, citations and dates. Private storage, a confidentiality label or an AI privacy setting is not by itself a legal privilege. Do not delete or alter material to defeat a preservation or disclosure duty; obtain advice about the actual obligation.

> **PRIVATE EVIDENCE STAYS OUTSIDE THIS GUIDE**
>
> These public templates and schemas contain no case evidence. A user’s completed record belongs in their own appropriately protected system. The backbone may refer to generic evidence categories; it must not absorb medical files or private witness/contact datasets.

Related tools: preservation, correction and source/delivery log. The earlier AI, Evidence & Witnesses companion supplies additional workflow cautions.

Choose the office by the needed result

The sequence below is conditional and can run in parallel; it is not an agency effectiveness ranking.

CURRENT DETENTION / IMPENDING TREATMENT

Start with the person's counsel and actual court process, while communicating immediate care/access concerns to responsible staff. Ask about appointment when needed. An ordinary regulatory complaint is not the route that changes a court order. Start here.

PROFESSIONAL CONDUCT

Identify the clinician's actual credential, license and act. Choose the Medical Board, Board of Nursing or relevant RLD board. A board's jurisdiction and disciplinary powers differ from damages, compensation or court relief. Credential-specific gateways.

FACILITY PRACTICES

Use the hospital's published grievance/patient-rights route and, where within scope, HCA Division of Health Improvement. Ask for independent review, the records considered and the written response process. A facility grievance does not have to become a board complaint to matter. Facility and rights routes.

CIVIL RIGHTS / PRIVACY / POLICE

Use the actual protected right and actor to examine HHS OCR or DOJ scope. APD conduct has a local oversight route; other agencies need their own process. An allegation need not be proven to ask about intake, but no intake proves the allegation. External reporting.

> **KEEP THE FACTS CONSISTENT**
>
> Use one sourced account for your own reporting, adapted by purpose and disclosure need. Do not require independent witnesses to adopt that account. Preserve exact versions, delivery failures and corrections. Never assume a referral reached the next office or preserved a filing date.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · New Mexico Medical Board — complaints
WEB · HCA Division of Health Improvement
WEB · HHS Office for Civil Rights — complaints
WEB · U.S. DOJ Civil Rights — reporting gateway
WEB · Albuquerque Civilian Police Oversight Agency

Legal and personal support

Seeking help does not require first proving that the CFE was unlawful.

DISABILITY RIGHTS NEW MEXICO

The provider's intake page lists 505-256-3100 and 1-800-432-4682, plus online intake. Explain the present legal status, hearing/notice dates and disability-rights concern. Services are free, but priorities and capacity affect assistance. Intake does not establish representation or protection of a deadline.

WEB · Disability Rights New Mexico — intake

NEW MEXICO LEGAL AID

The provider's civil-help gateway lists 1-833-545-4357. Ask whether the subject, eligibility and available capacity fit or whether a referral is appropriate. It is not a promise that this provider will handle a commitment proceeding.

WEB · New Mexico Legal Aid — legal-help gateway

ACTUAL COURT / APPOINTED COUNSEL

Use the district court and case information on the papers, confirmed through the official court directory. A clerk may explain records and filing logistics but does not become the person's lawyer. Request an accessible communication method. Do not privately argue the merits to a judge outside the proper process.

WEB · New Mexico Courts — official court directory

PERSONAL SUPPORT AND 988

A chosen trusted person, peer or appropriate clinician can help with communication and practical support. New Mexico 988 offers call/text/chat crisis support. It is not legal representation; ask about privacy and circumstances that may lead to emergency action rather than assume absolute confidentiality or no response.

WEB · New Mexico 988 — support gateway

Clinician complaints: verify the credential

A physician, psychiatrist, psychologist and nurse practitioner may require different board routes.

NEW MEXICO MEDICAL BOARD

Its current complaint page lists medical-license categories including MDs, DOs and physician assistants. It uses an online complaint route. The Board does not license hospitals or award monetary compensation/resolve malpractice damages. Its published three-month-to-one-year investigation description is not a promised response or release deadline.

WEB · New Mexico Medical Board — complaints

NEW MEXICO BOARD OF NURSING

Use the official Nursing Practice Complaint gateway for a nurse/NP/CNS issue within its scope. A doctorate or the title “provider” does not establish Medical Board jurisdiction. Verify the secure current submission route before transferring sensitive records; this guide did not submit or security-audit the external portal.

WEB · New Mexico Board of Nursing — official gateway

NMRLD PROFESSIONAL BOARDS

The official directory links the Board of Psychologist Examiners, counseling/therapy and social-work boards. Identify the exact license before selecting a complaint process. Board-specific deadlines, required releases and full intake procedures were not all recertified here.

WEB · NMRLD — professional boards and complaints

COMPLAINT DESIGN

Identify the professional, date, act, specific discrepancy, supporting record/locator, patient impact and requested review. Use the required form and factual attachments. Do not promise anonymity: investigate who receives a copy, what the respondent sees and what may become public. Outline.

Hospital, facility and health-rights review

Individual discipline, facility compliance and personal legal relief are different outcomes.

HOSPITAL GRIEVANCE / PATIENT RIGHTS

Ask for the official grievance process, responsible contact, response timeframe, accommodation and written outcome. The linked federal hospital-rights snapshot requires a process and specified written-response information; it does not supply one universal seven-day completion promise. An urgent detention/treatment issue still belongs with counsel and the responsible clinical/court decision-maker.

WEB · 42 C.F.R. § 482.13 — official 2024 edition

HCA DIVISION OF HEALTH IMPROVEMENT

The official gateway lists health-facility consumer complaint materials and survey/reporting routes. Verify that the facility and concern are covered and that you are using the consumer route. Provider incident-reporting deadlines or five-day follow-up forms are not automatically the patient's complaint deadline.

WEB · HCA Division of Health Improvement

HHS OFFICE FOR CIVIL RIGHTS

Use the official gateway for a health civil-rights or privacy concern within OCR's authority. Specify the right/process and actual entity. This is not a generic malpractice tribunal or direct appeal of a state commitment order. Check that route's filing rule independently and do not wait for the institution's answer by default.

WEB · HHS Office for Civil Rights — complaints

> **NO VERIFIED COMPLETION ESTIMATE**
>
> No DHI or OCR case-completion time is promised here. Keep the submitted version, acknowledgment and missing-information requests. Use the waiting options without allowing a slow complaint to displace an urgent legal remedy.

Police conduct and federal reporting

A report can request review without purporting to charge or decide a crime.

APD-SPECIFIC OVERSIGHT

Albuquerque's Civilian Police Oversight Agency is an APD route. It is not the statewide complaint office for every sheriff, campus police department or other agency. Identify the transporting agency and verify its own oversight process and any independent filing limits.

WEB · Albuquerque Civilian Police Oversight Agency

DOJ CIVIL RIGHTS / FEDERAL CRIMINAL ROUTES

The official DOJ civil-rights portal explains potential referral, information requests and investigative review, and points to the FBI for specified police-misconduct concerns. Facts must fit federal jurisdiction; a disputed CFE does not automatically establish a federal crime or government actor.

WEB · U.S. DOJ Civil Rights — reporting gateway

REPORTING IS NOT REPRESENTATION

The DOJ portal explains that responses may take several weeks and updates may not be available. Do not treat a submission number, referral or acknowledgment as acceptance of a case, a finding of wrongdoing or protection of a civil deadline.

THREATS / CONTACT / PUBLICATION

Use lawful channels and avoid threatening exposure in exchange for an outcome, repeated unwanted contact, witness pressure or publication of private third-party records. A request for review can be firm and specific without an unsupported criminal accusation.

> **PARALLEL COUNSEL REVIEW**
>
> Ask a lawyer about the proper defendant, legal vehicle, required notice and remedy independently of government enforcement. Private and governmental actors may be analyzed differently even when involved in the same transport. Pino's limits · Legal review.

While waiting—or when a process fails

A status request, an appeal and a new complaint are different actions.

NO RECEIPT

Check the accepted channel, submitted file, timestamp, bounce/error and confirmation. Use a verified alternative where permitted; clearly identify a duplicate or correction. A technical inquiry or attempted submission is not necessarily a timely filing.

ACKNOWLEDGED BUT UNRESOLVED

Ask what stage the matter is in, whether information is missing and which status inquiries are accepted. Do not invent a duty to provide investigative updates. A published estimate is not an individual deadline and can change over time.

REFERRED OR CLOSED

Keep the complete notice and date received. Identify whether it says lack of jurisdiction, insufficient information, discretionary closure, findings, or a final appealable decision. Ask about the actual review route and deadline; sending more detail to the same inbox may not be an appeal.

KEEP NECESSARY CARE AND PRACTICAL SUPPORT SEPARATE

A records dispute or complaint need not require stopping appropriate care. Discuss adverse effects and preferences with a qualified clinician. Ask about safe continuity, communication support, housing/transport or another practical need without treating a complaint office as the provider of all services.

> **WHEN TO ESCALATE PROMPTLY**
>
> New detention, an imminent hearing, proposed forced treatment, a served order, substantial consequences or rapidly disappearing evidence may require immediate legal review. Do not wait through a board's ordinary investigation period. Current-status route · Waiting and delivery log.

WEB · New Mexico Medical Board — complaints
WEB · U.S. DOJ Civil Rights — reporting gateway
WEB · Disability Rights New Mexico — intake

A review packet that does not overstate the case

Organize evidence so another person can test the account independently.

ONE-PAGE OVERVIEW

State the present status, important dates, the acts questioned, people/institutions and the help requested. Separate direct observation, attributed statements, disputed facts, inference and open questions. Explain what is urgent.

CHRONOLOGY AND ELEMENT MAP

Give each certificate, detention, admission, medication decision, hearing, order, transfer and correction a date and record ID. Link the questioned decision to the applicable source version and condition. Preserve facts that weaken as well as support the concern.

EVIDENCE INDEX

For each item: source, acquisition date, original filename, record type, relevant locator, transformation/redaction, disclosure tier and where the original is kept. A missing record remains a request or gap—not fabricated proof.

SEPARATE DISCLOSURE VERSIONS

Public, redacted, recipient-limited and attorney/regulator-limited are handling choices, not legal privileges or permission to withhold required material. Tailor the cover message and attachments without changing the underlying factual account. Keep original and sent versions.

> ### INDEPENDENT WITNESSES
>
> Do not distribute a master narrative for witnesses to memorize. Preserve their initial words, what they were shown, uncertainties and later corrections separately. A completed template is not testimony to be adopted.

The included Records Access & Corrections and Reporting Atlas remain separate unchanged reference editions. Open the package index for them; neither is silently recertified by this new companion.

Templates: choose the task

Organization and requests—not official filing forms, a CFE form or a promise of relief.

Templates: review and follow-through

Use required forms and actual procedural routes when they apply.

DO NOT SUBMIT EVERY TOOL

Select the purpose and minimum necessary information. A records custodian, court clerk, clinician and board have different jobs. No template here is a hearing waiver, court appeal, habeas petition, authorization to disclose another adult's information, or settlement/release.

01 · Status, notice and counsel

For a present status or notice question.

CHECK BEFORE COPYING

Use an accepted channel. Do not wait for a routine written reply when a hearing, safety or treatment decision is imminent. Confirm actual representation.

To: [responsible facility contact]
Re: [name / encounter identifier; safe verification route]
Please identify my current legal status, the authority relied on, and when that status began. Please provide the applicable written rights notice and identify any filed petition, court, case number, order and scheduled hearing.
Please identify my attorney, if assigned, and how I can communicate with counsel. If none is assigned, please explain the process for requesting counsel and any immediate steps needed.
My communication or access need is: [specific need].
This is a request for information and assistance, not a waiver or consent to a proposed treatment.
[Name / date / safe reply route]

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · § 43-1-4 — right to counsel

Keep the exact request and delivery evidence. Return to the template index.

02 · Certificate and source records

For the actual certificate and its documented foundation.

CHECK BEFORE COPYING

This does not guarantee access to every requested item or compel creation of an analysis. Use required forms and lawful representative authority.

To: [issuer / organization records office]
Re: [person, encounter, event date and identifiers]
I request the records concerning the Certificate for Evaluation issued on [date], using the applicable authorized access process:
1. The signed certificate, retained amendments and transmitted versions.
2. Existing assessment and source records supporting the certification, including dates, author and attributed collateral information.
3. Existing transmission, receipt and correction records.
4. The form/policy version identified as applicable to this event.
Please provide an electronic copy in an available usable format through an accepted secure route. Tell me what identity/authority verification is needed. For withheld material, identify the applicable basis and available review or partial-access process.
[Name / date / safe contact]

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2024 SB 230 — § 43-1-19 records

Keep the exact request and delivery evidence. Return to the template index.

03 · Admission and facility records

For a defined facility episode and its decision trail.

CHECK BEFORE COPYING

Some materials have different access rules or restrictions. A records request is not a court filing, preservation order or individualized deadline extension.

To: [facility records office]
Re: [encounter, dates, patient identifier]
I request my records for [bounded episode], through the applicable access process, including existing records of:
• arrival, admission, discharge/transfer and status changes;
• the admission evaluation and subsequent assessments;
• rights notices and their delivery;
• medication orders/administration, consent and asserted emergency basis;
• treatment-guardian petitions, orders and notices held by the facility;
• restraint/seclusion orders, monitoring and review;
• relevant grievance correspondence and response.
Please identify a secure electronic access method and necessary verification. If any category is unavailable or withheld, please explain the basis and the appropriate next process. I am not asking you to create a new report.
[Name / date / safe reply route]

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2024 SB 230 — § 43-1-19 records
WEB · 42 C.F.R. § 482.13 — official 2024 edition

Keep the exact request and delivery evidence. Return to the template index.

04 · Police and dispatch records

For existing police/dispatch records through the correct agency.

CHECK BEFORE COPYING

Confirm current IPRA requirements, accepted recipient, format and fee rules in the Records companion and official sources. Do not assume APD keeps every listed record or handles another agency's event.

To: [official records custodian]
Requester: [name, address, telephone; accepted safe contact]
Subject: Written IPRA request — [agency / event identifier]
I request existing records of [event, date/time range, location, report/CAD number], specifically:
[Select: event/CAD history; dispatch audio; incident/CIT report; CFE received and transmission; transport/handoff; relevant video; existing retention/disposition or version records.]
For audio/video, the locating information is: [report/CAD number, specific dates/times/location/officer and other published criteria].
Please provide electronic records in their existing available format under the applicable law, with any lawfully required redactions. Please identify the basis for withholding and available portions. Please notify me before costs exceed [amount].
This is an access request, not a subpoena or court order.
[Date / reply route]

WEB · APD SOP 2-85 — Certificates for Evaluation
WEB · NMDOJ IPRA Compliance Guide — written/electronic request mechanics

Keep the exact request and delivery evidence. Return to the template index.

05 · Targeted preservation request

For an identified risk of losing particular records.

CHECK BEFORE COPYING

Do not characterize every routine deletion as unlawful. Seek advice about actual duties and urgent process; preserve your own relevant originals too.

To: [verified system owner / records / legal contact]
Re: [event, person, identifier, precise dates]
Please preserve the identified potentially relevant records from routine deletion or overwrite while the appropriate lawful review is pursued:
[Specific certificate versions, native communications, logs, audio/video, clinical or court-related records and date range.]
Please identify the responsible office if this is not yours. Please confirm receipt and state whether this request has been routed for a preservation decision. I understand that receipt is not confirmation that a hold has been implemented.
This request is separate from access requests and does not purport to be a subpoena, court order, adjudication of a preservation duty or extension of any deadline.
[Name / date / safe contact]

WEB · APD SOP 2-85 — Certificates for Evaluation
WEB · 2013 SB 271 — final enacted § 43-1-10

Keep the exact request and delivery evidence. Return to the template index.

06 · Attach a clarifying statement

For a specific state mental-health record and a sourced correction.

CHECK BEFORE COPYING

Verify § 43-1-19 scope and any parallel HIPAA/FERPA amendment process. An attachment does not compel agreement, erase history or substitute for a hearing/appeal.

To: [record custodian / designated amendment office]
Re: [exact document, author, date, page/entry]
I submit this clarifying or correcting statement for the identified record under the applicable process, including NMSA 1978 § 43-1-19(D) where applicable.
The record states: [exact quotation / locator].
My clarification or correction: [specific factual account].
Support: [source IDs / dates / precise locators].
What remains uncertain: [do not guess].
Please maintain this statement and the attached reasonable-length documentation with the relevant record and include it with disclosures as the applicable law requires. Please explain how it was linked and any refusal/review process.
This asks for a linked statement, not destruction or concealment of the original. If a separate formal amendment form is required, please identify it.
[Name / date / safe contact]

WEB · 2024 SB 230 — § 43-1-19 records

Keep the exact request and delivery evidence. Return to the template index.

07 · Review and communication support

For a current assessment, specific alternative or participation barrier.

CHECK BEFORE COPYING

This does not guarantee the chosen reviewer, facility or alternative. Do not treat requested time or support as already granted.

To: [responsible clinician / patient-rights contact]
Re: [episode / identifier]
I request review of [specific current assessment or restriction]. The factual issue I would like considered is [concise issue and source].
Please explain the grounds currently relied on and the alternatives considered. A concrete alternative or support that may be relevant is [who, what, availability and limits; no unsupported promises].
My communication barrier or needed support is [functional description]. Please explain how I can participate effectively and communicate with counsel or an appropriate professional.
Please identify who will review this and how the result will be communicated. This request does not waive a hearing or other rights and is not an instruction to delay necessary emergency care.
[Name / date / safe route]

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2026 SB 3 — final definitions
WEB · 42 C.F.R. § 482.13 — official 2024 edition

Keep the exact request and delivery evidence. Return to the template index.

08 · Court file and counsel coordination

For actual court documents and confirmation of responsibilities.

CHECK BEFORE COPYING

Use the proper records/counsel route and confidentiality rules. A request to a clerk is not an appeal or a substitute for legal action.

To: [my attorney / authorized court-records contact]
Re: [court, case number, name, known hearing]
Please help me obtain or identify the authorized access route to the filed petition, screening material, notices/service, exhibits, hearing record, waiver/continuance documents, orders and any extension/review filing in this matter.
Please distinguish the signing, filing/entry and service/receipt dates and identify the next scheduled proceeding. I am seeking the actual filed versions, not a newly prepared legal explanation from court staff.
For my attorney: please advise which immediate issues or deadlines require action and whether your engagement covers them.
This is not a merits communication to the judge, appeal, motion or waiver. Please identify any required form or authorization.
[Name / date / safe contact]

WEB · State v. Mata — official opinion
WEB · In the Matter of Heather Lewis — official opinion
WEB · New Mexico Courts — official court directory

Keep the exact request and delivery evidence. Return to the template index.

09 · Identify treatment authority

For understanding the particular consent, guardian or emergency basis.

CHECK BEFORE COPYING

Current official § 43-1-15 verification remains open. Seek prompt counsel about any short review clock. Do not stop or alter medication based on this template.

To: [responsible clinician / patient-rights contact]
Re: [proposed or administered treatment; date/time]
Please identify the authority relied on for [specific treatment]: my informed consent, a treatment-guardian decision/order, a specified emergency provision, or another basis.
Please provide or identify the applicable consent record, petition, appointment/order, treatment decision and notice. If emergency authority was used, please identify the documented emergency and explanation of less drastic alternatives under the applicable provision.
Please explain how I can discuss the treatment and any adverse effects, communicate with my lawyer, and obtain review of the decision. The immediate concern I am reporting is [specific concern].
This request is not medical advice, a blanket consent, a court appeal or an instruction to withhold emergency care.
[Name / date / contact]

WEB · § 43-1-15 — consent and treatment guardians
WEB · 42 C.F.R. § 482.13 — official 2024 edition

Keep the exact request and delivery evidence. Return to the template index.

10 · Complaint outline for review

For a professional, facility or rights concern within the recipient's scope.

CHECK BEFORE COPYING

Not a criminal charging instrument, legal finding or substitute for an urgent court remedy. Disclose related matters when required; do not conceal contradictory evidence.

Use the receiving office's required form and route.
Person / institution / credential: [verify]
Event dates and identifiers: [include current status]
Requested review and why this office may fit: [specific]
Issue 1: [observable act or material discrepancy]
Source: [record ID, date, page/time locator]
What I directly know: [facts]
What another source says: [attributed]
What I allege or infer: [label explicitly]
Contrary facts / uncertainty: [include]
Impact: [specific, without inventing causation]
Additional issues: [repeat briefly]
Related filings and outcomes, if required/relevant: [accurate]
Attachments and disclosure limits: [minimum necessary]
Please confirm receipt, identifier, scope and next steps.
[Name / date / safe contact; official privacy rules checked]

WEB · New Mexico Medical Board — complaints
WEB · HCA Division of Health Improvement
WEB · HHS Office for Civil Rights — complaints
WEB · U.S. DOJ Civil Rights — reporting gateway

Keep the exact request and delivery evidence. Return to the template index.

11 · Legal-stage and version log

For one event per entry, preserving handoffs and source versions.

CHECK BEFORE COPYING

Do not turn a policy duration into a statutory hospital period, signature into effectiveness, or “unknown” into no protection.

Episode / safe identifier: [ ]
Event: [certificate / transport / admission / petition / hearing / order / treatment / transfer / extension / discharge / notice]
Date, time, time zone; exact or approximate: [ ]
Actor, role and institution: [ ]
Authority said to apply; exact subsection/order: [ ]
Version, enactment/effective dates and source locator: [ ]
Facts known at this decision: [ ]
Original record ID and relevant locator: [ ]
Status immediately before and after: [ ]
Clock to investigate; unit; trigger; computation uncertainty: [ ]
Actual deadline from qualified review/order, if confirmed: [ ]
Reviewer and scope of confirmation: [ ]
Missing material / contrary information: [ ]
Next step and person responsible: [ ]
No deadline is calculated by this worksheet.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · 2026 SB 3 — final definitions
WEB · In the Matter of Heather Lewis — official opinion
WEB · N.M. Department of Health v. Compton — opinion text
WEB · APD SOP 2-85 — Certificates for Evaluation

Keep the exact request and delivery evidence. Return to the template index.

12 · Source, delivery and waiting log

For provenance and consistent follow-through, not proving receipt from an attempted send.

CHECK BEFORE COPYING

Keep private evidence outside the public backbone. A hash does not prove truth; a handling label does not create privilege or override a disclosure duty.

Item / submission ID: [ ]
Purpose and recipient; official route source: [ ]
Original source, acquisition date and native filename: [ ]
Evidence locator and what it supports / does not show: [ ]
Derivative, excerpt, redaction or AI assistance: [describe]
Original location; hash if useful: [ ]
Disclosure tier and authority to share: [ ]
Exact sent file/message version and attachments: [ ]
Sent time/time zone; portal or delivery evidence: [ ]
Receipt, bounce/error, case/tracking number: [ ]
Published timing statement, source date and stage: [ ]
Actual response / missing-information request: [ ]
Closure/referral/appeal instructions and date received: [ ]
Independent court or filing clock to confirm: [ ]
Correction sent, affected recipients and receipt: [ ]
Next permissible follow-up / responsible person: [ ]

WEB · 2024 SB 230 — § 43-1-19 records
WEB · New Mexico Medical Board — complaints
WEB · U.S. DOJ Civil Rights — reporting gateway

Keep the exact request and delivery evidence. Return to the template index.

Authority index: statutes and cases

Source status is part of the legal information—not fine print.

More authorities & text pages

An official older edition is different from a verified current consolidation.

NMSA 1978 § 43-1-3 · 2026 definitions

Read the limited explanation, then the linked full text and its version.

A01 · SOURCE STATUS

Official enacted text checked for the stated issue; complete current codification and later judicial treatment are not independently certified.

EXACT EXCERPT · NOT THE FULL PROVISION

“the person's recent behavior:”

§ 43-1-3(N)(2), final 2026 SB 3, printed pp. 4–5.

WHAT THIS TEXT ADDRESSES

The final act replaces the harm definitions. The self-harm basic-needs alternative includes BOTH (a) and (b); the intentional alternative remains separate.

COMPONENTS TO CHECK

For others: recent specified conduct and likely near-future repetition. For self: the applicable alternative, its causal/capacity/need/consequence conditions and timing. Other procedural conditions still apply.

LIMITS / UNFINISHED REVIEW

This card does not determine diagnosis, probability, immediate necessity or retroactivity. Read the full operative subsections on the others-harm text page and the self-harm text page.

The official source is a final session law, not a live consolidated code. The introduced text is only a historical comparison. Timeline · Plain-language breakdown.

SOURCE / VERSION

2026 Chapter 46, §§ 1–2; § 43-1-3 and § 43-1B-2. Final enacted wording checked, especially printed pp. 4–7. Effective-date support is separate. Current appellate treatment of the new wording remains open.

WEB · Read the full text — 2026 SB 3 — final definitions

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · 2026 SB 3 — official enactment history

WEB · 2026 SB 3 — fiscal impact report

WEB · 2026 SB 3 — introduced comparison text

Return to the authority index.

NMSA 1978 § 43-1-10 · emergency authority

Read the limited explanation, then the linked full text and its version.

A02 · SOURCE STATUS

Official enacted text checked for the stated issue; complete current codification and later judicial treatment are not independently certified.

EXACT EXCERPT · NOT THE FULL PROVISION

“Such certification shall constitute authority to transport the person.”

§ 43-1-10(A)(4), 2013 Chapter 39, § 2, printed p. 8.

WHAT THIS TEXT ADDRESSES

Specifies emergency detention/transport routes and the certificate’s transport function. It also addresses limited court involvement, admission, protective shelter and notice.

COMPONENTS TO CHECK

Correct statutory branch; certifier category/affiliation where applicable; mental-disorder connection; serious-harm condition; immediate necessity; distinct entry/force and subsequent admission questions.

LIMITS / UNFINISHED REVIEW

A certificate is not a universal search warrant, forced-medication order or thirty-day commitment. D’s 24-hour ceiling concerns a narrow detention-facility shelter situation, not every hospital.

Read the statutory wording at the emergency text pages and the transport explanation. Definitions were amended separately in 2026.

SOURCE / VERSION

2013 Chapter 39, § 2; final act, printed pp. 7–10. Official enacted emergency procedure; compared with the later Mata opinion. A complete current official codification/amendment audit remains open.

WEB · Read the full text — 2013 SB 271 — final enacted § 43-1-10

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · State v. Mata — official opinion

Return to the authority index.

NMSA 1978 § 43-1-10(E)–(F) · arrival

Read the limited explanation, then the linked full text and its version.

A03 · SOURCE STATUS

Official enacted text checked for the stated issue; complete current codification and later judicial treatment are not independently certified.

EXACT EXCERPT · NOT THE FULL PROVISION

“the proposed client shall not be detained.”

§ 43-1-10(E), final 2013 SB 271, printed p. 10; concluding clause.

WHAT THIS TEXT ADDRESSES

The admitting physician/certified psychologist evaluates reasonable grounds. The quoted clause follows a determination that grounds do not exist. F supplies oral/written arrival notice and communication/treatment rights.

COMPONENTS TO CHECK

Actual admitting assessment and role; grounds at that time; delivered notice; hearing/counsel information; communication with chosen attorney/professional; necessary and appropriate care.

LIMITS / UNFINISHED REVIEW

Do not remove the quoted clause from its condition or assume another lawful custody basis cannot exist. A right to communicate does not guarantee a chosen outside professional’s immediate availability.

Full E/F text: arrival text. Related tools: status and facility records.

SOURCE / VERSION

2013 Chapter 39, § 2; final act, printed pp. 7–10. Official enacted emergency procedure; compared with the later Mata opinion. A complete current official codification/amendment audit remains open.

WEB · Read the full text — 2013 SB 271 — final enacted § 43-1-10

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · State v. Mata — official opinion

Return to the authority index.

NMSA 1978 § 43-1-11 · adult hearing

Read the limited explanation, then the linked full text and its version.

A04 · SOURCE STATUS

Official court text checked; full section cross-checked in an unofficial statutory reproduction.

EXACT EXCERPT · NOT THE FULL PROVISION

“not to exceed thirty days”

§ 43-1-11(E); quoted and applied in the official Lewis opinion, ¶¶ 14–17.

WHAT THIS TEXT ADDRESSES

Emergency admission leads to a distinct petition, screening, hearing and court-finding process. The statute supplies counsel, participation and record protections and a limited initial commitment.

COMPONENTS TO CHECK

Petition and service; five/seven-day structure and computation; screening; counsel and evidence rights; clear-and-convincing findings of harm, need/likely benefit and least drastic means; actual order.

LIMITS / UNFINISHED REVIEW

Official opinions corroborate key text, but full current official codification and later treatment remain open. This card does not compute a deadline or make every procedural defect a damages claim.

See hearing explanation, clock distinctions and transfer/extension.

SOURCE / VERSION

A-1-CA-41467; face states August 5, 2024; court upload/file stamp September 5, 2024; reported 2024-NMCA-078. Official 15-page opinion checked, especially ¶¶ 14–23. Upload/file-stamp distinction preserved; no later-treatment certification.

WEB · Read the source — In the Matter of Heather Lewis — official opinion

coa.nmcourts.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · State v. Mata — official opinion

WEB · § 43-1-11 — codification cross-check

WEB · N.M. Department of Health v. Compton — opinion text

Return to the authority index.

Lewis · commitment start and extension

Read the limited explanation, then the linked full text and its version.

A05 · SOURCE STATUS

Official opinion read. Face date and September upload/file stamp preserved in the source ledger; later treatment not certified.

EXACT EXCERPT · NOT THE FULL OPINION

“the period for an involuntary commitment must begin the moment a person is deprived of their liberty by court order”

In the Matter of Heather Lewis, A-1-CA-41467, ¶ 16, printed p. 10; official opinion.

WHAT THIS TEXT ADDRESSES

The court rejected delaying the thirty-day commitment start until transfer/bed availability. The actual commitment order and deprivation of liberty mattered; § 43-1-12 has a separate extension process.

COMPONENTS TO CHECK

Hearing/order dates; original and amended orders; transfer date; extension petition within 21 days of beginning commitment; required treatment/plan and hearing; findings and requested jury rights.

LIMITS / UNFINISHED REVIEW

Read the opinion’s facts and actual order dates. It reversed/remanded for vacatur, not damages. Mootness exceptions and review deadlines require counsel; no automatic outcome is promised.

Explanation: No automatic transfer reset. Recordkeeping: legal-stage log.

SOURCE / VERSION

A-1-CA-41467; face states August 5, 2024; court upload/file stamp September 5, 2024; reported 2024-NMCA-078. Official 15-page opinion checked, especially ¶¶ 14–23. Upload/file-stamp distinction preserved; no later-treatment certification.

WEB · Read the source — In the Matter of Heather Lewis — official opinion

coa.nmcourts.gov · Retrieved 2026-09-19 · No independent legal signoff.

Return to the authority index.

NMSA §§ 43-1-4, -23 · counsel and redress

Read the limited explanation, then the linked full text and its version.

A06 · SOURCE STATUS

Provisional statutory reproductions; corroborating official procedure and cited opinion are linked separately.

EXACT EXCERPT · NOT THE FULL PROVISION

“The client shall be represented by counsel.”

§ 43-1-23; statutory reproduction, not independently official-code-certified.

WHAT THIS TEXT ADDRESSES

The Code has a general counsel provision and a court-redress provision for client rights. Emergency notice and hearing counsel rights are also supported by the official emergency act and opinions.

COMPONENTS TO CHECK

Present status; retained/appointed counsel; indigency and cost rules where applicable; correct court remedy; underlying right; Tort Claims Act qualification; proper parties and independent clock.

LIMITS / UNFINISHED REVIEW

The redress language does not promise a particular lawyer, universal free representation, automatic damages or success. Complete current official text of these two sections is still a release gate.

Use current-status questions and assistance gateways. No court pleading is supplied.

SOURCE / VERSION

Justia section reproduction; not independently codification-certified. Redress/counsel language and Tort Claims Act qualification; not a promise of damages.

WEB · Read the source — § 43-1-23 — redress of client rights

law.justia.com · Retrieved 2026-09-19 · No independent legal signoff.

WEB · § 43-1-4 — right to counsel

WEB · 2013 SB 271 — final enacted § 43-1-10

WEB · N.M. Department of Health v. Compton — opinion text

Return to the authority index.

NMSA § 43-1-3(D) · least drastic means

Read the limited explanation, then the linked full text and its version.

A07 · SOURCE STATUS

Official enacted text checked for the stated issue; complete current codification and later judicial treatment are not independently certified.

EXACT EXCERPT · NOT THE FULL PROVISION

“are no more harsh, hazardous or intrusive than necessary”

§ 43-1-3(D)(1), final 2026 SB 3, printed p. 2; excerpt.

WHAT THIS TEXT ADDRESSES

Treatment and its conditions are examined separately and together against necessary objectives, restrictions and a suitable available facility close to residence.

COMPONENTS TO CHECK

Actual treatment objective; available less intrusive alternatives; why movement/residential restrictions are needed; appropriateness and availability; client-specific evidence and court findings.

LIMITS / UNFINISHED REVIEW

This is not a guarantee of the person’s preferred facility, any theoretical service or zero restriction. An alternative should be concrete, usable and adequate to the relevant needs.

See examples and questions and the review request.

SOURCE / VERSION

2026 Chapter 46, §§ 1–2; § 43-1-3 and § 43-1B-2. Final enacted wording checked, especially printed pp. 4–7. Effective-date support is separate. Current appellate treatment of the new wording remains open.

WEB · Read the full text — 2026 SB 3 — final definitions

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · State v. Mata — official opinion

WEB · In the Matter of Heather Lewis — official opinion

Return to the authority index.

NMSA § 43-1-15 · consent / guardian / emergency

Read the limited explanation, then the linked full text and its version.

A08 · SOURCE STATUS

PROVISIONAL: full current official code text not captured. Do not treat this card as completed medication or deadline advice.

EXACT EXCERPT · NOT THE FULL PROVISION

“within three court days”

§ 43-1-15(C), treatment-guardian hearing language; statutory reproduction.

WHAT THIS TEXT ADDRESSES

Addresses informed consent, capacity, treatment-guardian appointment/decision, review and a separately bounded emergency psychotropic-medication provision in subsection M.

COMPONENTS TO CHECK

Consent and capacity for the treatment; petition/service/hearing/counsel; order and scope; guardian consultation and notice; decision-appeal unit/trigger; emergency actor, purpose, chart report and alternatives.

LIMITS / UNFINISHED REVIEW

Involuntary commitment alone does not establish incapacity. The three-court-day hearing and three-calendar-day decision appeal differ. Official current codification and full later treatment remain open.

Consent explanation · Subsection M and restraint distinctions · Information request.

SOURCE / VERSION

Justia section reproduction; history identifies 2009 Chapter 159, § 18. Text read for consent, three-court-day hearing, three-calendar-day appeal and emergency subsection M. Official current codification and later treatment remain publication gates.

WEB · Read the source — § 43-1-15 — consent and treatment guardians

law.justia.com · Retrieved 2026-09-19 · No independent legal signoff.

Return to the authority index.

42 C.F.R. § 482.13 · hospital rights

Read the limited explanation, then the linked full text and its version.

A09 · SOURCE STATUS

OFFICIAL ARCHIVED SNAPSHOT. Current eCFR retrieval was not completed; later amendments and applicability require review.

EXACT EXCERPT · NOT THE FULL PROVISION

“coercion, discipline, convenience, or retaliation by staff.”

§ 482.13(e), official October 1, 2024 CFR edition, p. 10; prohibited restraint/seclusion purposes, excerpt.

WHAT THIS TEXT ADDRESSES

Hospital Conditions of Participation address grievance, informed participation, records and restraint/seclusion safeguards in covered hospitals.

COMPONENTS TO CHECK

Covered facility; applicable grievance process/written response; actual consent/state-law authority; restraint definition/purpose/order/monitoring/end; specific right and enforcement route.

LIMITS / UNFINISHED REVIEW

This is an official archived 2024 snapshot, not a recertified September 2026 regulation. It does not independently establish a private damages claim or replace state treatment-consent requirements.

Hospital and DHI routes · Treatment/force review questions.

SOURCE / VERSION

Official CFR, October 1, 2024 edition, pp. 9–13. Hospital grievance, consent context, restraint/seclusion, record access. Current eCFR fetch hit an access gate; later changes not independently recertified.

WEB · Read the full text — 42 C.F.R. § 482.13 — official 2024 edition

www.govinfo.gov · Retrieved 2026-09-19 · No independent legal signoff.

Return to the authority index.

NMSA § 43-1-19 · mental-health records

Read the limited explanation, then the linked full text and its version.

A10 · SOURCE STATUS

Official enacted text checked for the stated issue; complete current codification and later judicial treatment are not independently certified.

EXACT EXCERPT · NOT THE FULL PROVISION

“to submit clarifying or correcting statements”

§ 43-1-19(D), final 2024 SB 230, § 2, printed p. 10; excerpt.

WHAT THIS TEXT ADDRESSES

Adult mental-health confidentiality and specified disclosure exceptions; client access/copies; a linked clarifying/correcting statement with reasonable-length supporting documentation; court review and federal-law preservation.

COMPONENTS TO CHECK

Actual record and requester; authorized recipient/purpose; specific exception; correction’s record/locator/support; linkage and accompanying disclosure; any documented denial and applicable federal access rules.

LIMITS / UNFINISHED REVIEW

The state best-interest access language is not a universal override of federal access rights. This is not deletion of the original or a complete HIPAA/FERPA analysis. Later amendments require checking.

The final act expressly took effect July 1, 2024. Adult section: printed pp. 7–12. Explanation · Statement template.

SOURCE / VERSION

2024 Chapter 31, § 2; effective July 1, 2024 under § 3. Adult mental-health confidentiality, access and attached correcting statements; official enacted text pp. 7–12. Federal-law interplay and later amendments need checking.

WEB · Read the full text — 2024 SB 230 — § 43-1-19 records

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · 2024 SB 230 — official status

Return to the authority index.

O’Connor / Addington · constitutional context

Read the limited explanation, then the linked full text and its version.

A11 · SOURCE STATUS

Official U.S. Reports texts checked for narrow holdings. Complete subsequent treatment and individual application not certified.

EXACT EXCERPT · NOT THE FULL OPINION

“A finding of “mental illness” alone cannot justify a State’s locking a person up against his will and keeping him indefinitely in simple custodial confinement.”

O’Connor v. Donaldson, 422 U.S. 563, 575 (1975); first sentence of the paragraph. Read the surrounding opinion and the bounded holding at 576.

WHAT THIS TEXT ADDRESSES

O’Connor limits continued confinement of a nondangerous person capable of safe survival in freedom in the stated circumstances. Addington addresses the clear-and-convincing civil commitment burden.

COMPONENTS TO CHECK

Which stage and governmental conduct; current versus earlier grounds; safe-survival circumstances and available help; required findings/burden; remedy, causation and immunity issues separately.

LIMITS / UNFINISHED REVIEW

Neither opinion supplies the complete New Mexico 2026 test. O’Connor did not adjudicate every initial emergency seizure or establish universal damages; Addington is not a certificate risk-score formula.

Probability versus proof burden · Legal-review questions.

SOURCE / VERSION

422 U.S. 563 (1975); June 26, 1975; Library of Congress official report. Bounded liberty holding and separate damages/immunity remand, pp. 573–77; not a complete current commitment test.

WEB · Read the source — O’Connor v. Donaldson — U.S. Reports

tile.loc.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · Addington v. Texas — U.S. Reports

Return to the authority index.

Mata · screening professional

Read the limited explanation, then the linked full text and its version.

A12 · SOURCE STATUS

Official opinion checked; later treatment and current statutory integration not fully certified.

EXACT EXCERPT · NOT THE FULL OPINION

“a mental health professional acceptable to the court”

State v. Mata, A-1-CA-41992, discussing § 43-1-11(A); exact statutory phrase in the official opinion.

WHAT THIS TEXT ADDRESSES

The Court of Appeals accepted psychiatric nurse-practitioner screening in that proceeding without the proposed additional proof requirement concerning physician unavailability.

COMPONENTS TO CHECK

Exact screening task; provider qualification and court acceptance; actual report/testimony; findings. Keep certification, admission and medication authority separate.

LIMITS / UNFINISHED REVIEW

Not a holding that every NP is a physician for all legal purposes or that credentials never matter. The opinion was filed December 19, 2024; a 2025 reporter citation is not a 2025 enactment.

Who may do which job · Case and version dates.

SOURCE / VERSION

A-1-CA-41992; filed December 19, 2024; reported 2025-NMCA-033. Official opinion checked for §§ 43-1-10 and -11 and psychiatric nurse-practitioner screening issue. Reporter year is not the decision date; later treatment not fully certified.

WEB · Read the source — State v. Mata — official opinion

coa.nmcourts.gov · Retrieved 2026-09-19 · No independent legal signoff.

Return to the authority index.

Pino / Caniglia · actor and entry limits

Read the limited explanation, then the linked full text and its version.

A13 · SOURCE STATUS

Official Supreme Court text; Tenth Circuit opinion via primary-text republication. Full later treatment remains open.

EXACT EXCERPT · NOT THE FULL OPINION

“community caretaking”

Caniglia v. Strom, 593 U.S. 194 (2021); doctrine label addressed in the official opinion.

WHAT THIS TEXT ADDRESSES

Caniglia rejects a free-standing home-entry justification based on that doctrine. Pino separately addresses private-physician state action and mental-health seizure issues in its facts.

COMPONENTS TO CHECK

Actual entry/seizure basis; consent, warrant or exception; facts known to each actor; private/public role and joint conduct; force; legal vehicle and defenses.

LIMITS / UNFINISHED REVIEW

A certificate is not a universal warrant; lack of a warrant is not automatic illegality where another lawful exception applies. Pino is not blanket clinician immunity or a conclusion about a different actor’s conduct.

Transport/entry · Private actors and legal remedies.

SOURCE / VERSION

593 U.S. 194 (2021); May 17, 2021. Official opinion: community caretaking does not independently authorize home entry. Other exceptions and later treatment require their own analysis.

WEB · Read the source — Caniglia v. Strom — Supreme Court opinion

www.supremecourt.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · Pino v. Higgs — Tenth Circuit opinion text

Return to the authority index.

Exact text: harm to others

Complete § 43-1-3(M) from final 2026 SB 3. This page is not the whole Code.

VERSION

2026 Chapter 46, § 1; effective-date support May 20, 2026. Final enacted text, not the introduced bill or fiscal summary. Paragraph/line wrapping and typography are normalized; wording is retained.

M. "serious harm to others" means that within the recent past, the person has inflicted or attempted to inflict serious bodily harm on another or has acted in such a way as to create a substantial risk of serious bodily harm to another and it is more likely than not that the conduct will be repeated in the near future;

READ WITH

Plain-language explanation · Authority card · Self-harm definition. A definition does not replace the mental-disorder/immediate-necessity conditions of the emergency procedure or the findings required at a court hearing.

SOURCE / VERSION

2026 Chapter 46, §§ 1–2; § 43-1-3 and § 43-1B-2. Final enacted wording checked, especially printed pp. 4–7. Effective-date support is separate. Current appellate treatment of the new wording remains open.

WEB · Read the full text — 2026 SB 3 — final definitions

www.nmlegis.gov · Retrieved 2026-09-19 · No independent legal signoff.

WEB · 2026 SB 3 — official enactment history

WEB · 2026 SB 3 — fiscal impact report

Exact text: harm to self

Complete § 43-1-3(N) from final 2026 SB 3. Subparagraphs (a) and (b) are joined by “and.”

N. "serious harm to self" means that:

(1) it is more likely than not that in the near future, the person will attempt to cause self-inflicted death or will intentionally cause serious bodily harm to the person's self; or

(2) the person's recent behavior:

(a) demonstrates that, as a result of a mental disorder, the person lacks the decisional capacity to satisfy the person's need for nourishment, personal or medical care, shelter or self-protection and safety and that it is more likely than not that the lack of decisional capacity will result in death, serious bodily injury or serious physical or mental debilitation in the near future if treatment is not ordered; and

(b) makes it more likely than not that the person will suffer serious physical debilitation in the near future unless adequate treatment is provided pursuant to the Mental Health and Developmental Disabilities Code;

DO NOT LOSE A CONDITION

This reproduces N only, with normalized layout. The full act, emergency procedure, hearing burden and current interpretation still matter. Plain-language breakdown · Authority and version.

WEB · 2026 SB 3 — final definitions

Exact text: § 43-1-10(A)–(B)

Emergency mental health evaluation and care; final 2013 SB 271, § 2.

A. A peace officer may detain and transport a person for emergency mental health evaluation and care in the absence of a legally valid order from the court only if:

(1) the person is otherwise subject to lawful arrest;

(2) the peace officer has reasonable grounds to believe the person has just attempted suicide;

(3) the peace officer, based upon the peace officer's own observation and investigation, has reasonable grounds to believe that the person, as a result of a mental disorder, presents a likelihood of serious harm to himself or herself or to others and that immediate detention is necessary to prevent such harm. Immediately upon arrival at the evaluation facility, the peace officer shall be interviewed by the admitting physician or the admitting physician's designee; or

(4) a physician, a psychologist or a qualified mental health professional licensed for independent practice who is affiliated with a community mental health center or core service agency has certified that the person, as a result of a mental disorder, presents a likelihood of serious harm to himself or herself or to others and that immediate detention is necessary to prevent such harm. Such certification shall constitute authority to transport the person.

B. An emergency evaluation under this section shall be accomplished upon the request of a peace officer or jail or detention facility administrator or that person's designee or upon the certification of a physician, a psychologist or a qualified mental health professional licensed for independent practice who is affiliated with a community mental health center or core service agency. A court order is not required under this section. If an application is made to a court, the court's power to act in furtherance of an emergency admission shall be limited to ordering that:

(1) the client be seen by a certified psychologist or psychiatrist prior to transport to an evaluation facility; and
(2) a peace officer transport the person to an evaluation facility.

WEB · 2013 SB 271 — final enacted § 43-1-10

Continues at C–D and E–G. Enacted section text; updated definitions are separate.

Exact text: § 43-1-10(C)–(D)

Admission certificate and the narrow detention-facility protective-shelter rule.

C. An evaluation facility may accept for an emergency-based admission any person when a physician or certified psychologist certifies that such person, as a result of a mental disorder, presents a likelihood of serious harm to himself or herself or to others and that immediate detention is necessary to prevent such harm. Such certification shall constitute authority to transport the person.

D. A person detained under this section shall, whenever possible, be taken immediately to an evaluation facility. Detention facilities shall be used as temporary shelter for such persons only in cases of extreme emergency for protective custody, and no person taken into custody under the provisions of the code shall remain in a detention facility longer than necessary and in no case longer than twenty-four hours. If use of a detention facility is necessary, the proposed client:

(1) shall not be held in a cell with prisoners;
(2) shall not be identified on records used to record custody of prisoners;
(3) shall be provided adequate protection from possible suicide attempts; and
(4) shall be treated with the respect and dignity due every citizen who is neither accused nor convicted of a crime.

CONTEXT

Complete C/D wording from the official 2013 final act, with layout normalized. Do not relabel the shelter ceiling as a universal hospital hold. Source/status · E–G · A–B.

WEB · 2013 SB 271 — final enacted § 43-1-10

Exact text: § 43-1-10(E)–(G)

Independent admission grounds and oral/written notice on arrival.

E. The admitting physician or certified psychologist shall evaluate whether reasonable grounds exist to detain the proposed client for evaluation and treatment, and, if reasonable grounds are found, the proposed client shall be detained. If the admitting physician or certified psychologist determines that reasonable grounds do not exist to detain the proposed client for evaluation and treatment, the proposed client shall not be detained.

F. Upon arrival at an evaluation facility, the proposed client shall be informed orally and in writing by the evaluation facility of the purpose and possible consequences of the proceedings, the right to a hearing within seven days, the right to counsel and the right to communicate with an attorney and a mental health professional of the proposed client's own choosing and shall have the right to receive necessary and appropriate treatment.

G. A peace officer who transports a proposed client to an evaluation facility under the provisions of this section shall not require a court order to be reimbursed by the referring county.

ENACTED TEXT AND CURRENT REVIEW

This completes the official 2013 section reproduced over three pages, with layout normalized. Official later opinions corroborate key procedural text. Full current code consolidation and later amendments/treatment remain an explicit review gate. The 2026 definitions are linked separately, not silently pasted into this historical act.

WEB · 2013 SB 271 — final enacted § 43-1-10
WEB · State v. Mata — official opinion

Authority card · Plain-language explanation · Get help.

Review status, updates and limits

A carefully versioned review companion—not a legal certification.

CURRENT SCOPE

New Mexico adult CFE/emergency care, connected commitment and consent, a bounded May 2025–September 2026 timeline, misuse questions, records, support and templates. No individual case evidence was used, and no claim of unlawful conduct about a particular person is made.

LEGAL GATES STILL OPEN

Capture a complete official current and May 2025 codification, review later appellate treatment, confirm interaction of the 2026 labels with unchanged procedural wording, and obtain targeted independent review. Consent/guardian/redress/time-computation reproductions, archived federal regulation and dated police policies must not be promoted silently to current law.

PROCEDURAL / CONTACT GATES

Recertify the actual facility, court, board, accepted forms, secure delivery, local policy and any deadlines before consequential use. No submission was sent, representation arranged or delivery tested. Providers and agency capacities change.

DOCUMENT QA

The package contains the actual build and QA results, separating automated checks, rendered-page inspection and unperformed work. The PDF is untagged; an HTML alternative is provided. Physical printing, complete assistive-technology testing and accessibility-conformance review are not certified.

UPDATES

No public corrections/update endpoint is supplied. Keep this edition immutable, record corrections with dates and reasons, and use the source ledger's specific review status. Retrieval date is not legal effective date. A changed source flags dependent content for human review—not automatic legal rewriting.

Return to contents, templates or the source-linked authority index.