Psychiatric Advance Directive (PAD)/Crisis Plan*
New Jersey Advance Directives for Mental Health Care Act
NJSA 26:2H-108 et seq.

Name: Bryan Ruiz D.O.B.: [redacted] Phone: +1.646.458.1488

Address: [redacted]

I, Bryan Ruiz, being a legal adult of sound mind, voluntarily make this declaration for mental health treatment.

I. Activation of Psychiatric Advance Directive (PAD)

Please select and initial one of the following statements:

_____ I want this declaration to be followed if I am incapable of making a decision or decisions about my care, as defined in New Jersey Statutes Annotated 26:2H-109.

BR In the absence of a declaration of incapacity, I want this declaration to be followed as if I am incapable of making a decision or decisions about my care, as defined in New Jersey Statutes Annotated 26:2H-109, when signs and symptoms listed in PART 2 are evident.

II. Modifying, suspending or revoking PAD plan

Please select and initial one of the following statements:

BR I can modify, suspend or revoke my PAD at any time as permitted by law.

OR

_____ I do not wish to modify, suspend or revoke my PAD while it is invoked.

III. Option to appoint Mental Health Care Representative

BR I do not wish to appoint a mental health care representative.

OR

_____ I wish to appoint a mental health care representative.

If it is determined that I am unable to make informed health care decisions for myself, I want the following person to act as my primary mental health care representative:

Name	Relationship to self	Phone 1
		Phone 2
Address		Email

I would like the following person to be my alternate mental health care representative:

Name	Relationship to self	Phone 1
		Phone 2
Address		Email

*Adapted from the Wellness and Recovery Action Plan (WRAP®) Crisis Plan. Copyright by Mary Ellen Copeland PO Box 301, W. Dummerston, VT 05357 Phone: (802) 254-2092 www.mentalhealthrecovery.com

If you have designated someone as your mental health care representative, please answer sections A and B by initialing one of the statements. If you do not wish to appoint someone as your representative, do not complete this page.

A) **Authority and Limitation of Authority of Mental Health Care Representative**

I want my representative to make decisions about my treatment in the following way: **(Please select and initial one of the following statements.)**

_____ Make decisions about my care based on what is in this document or, if not specifically expressed, as are otherwise known to my representative. If my wishes are unknown or are not specifically addressed in this document, make decisions based on what he/she believes would be the decision I would make.

_____ Make decisions about my care based on what is in this document or, if not specifically expressed, as are otherwise known to my representative. If my wishes are unknown or are not specifically addressed in this document, make decisions about my care that he/she thinks would be in my best interest, taking into consideration my preferences and consultation with providers and supporters as indicated in this document.

B) **Please select and initial one of the following statements:**

_____ I consent to giving my representative the authority to admit me to an inpatient or partial psychiatric hospitalization program for up to_____days.

Optional: Describe the conditions under which you would agree to be hospitalized:

_____

_____

_____

_____ I do not consent to give my representative the authority to admit me to an inpatient or partial psychiatric hospitalization program.

Name (Print): Bryan Ruiz

The following are my wishes regarding my mental health care treatment in the event of a mental health crisis, including hospitalization:

Part 1. The following words describe me when I am feeling well:

Believes and acts according to these principles: Love God, Love Friend, Love Enemy, Love neighbor with all my heart soul strength and mind. Forgives others 77 times, turns the other cheek when assulted, gives

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Part 2. Symptoms

The following signs and symptoms will indicate that I am in a mental health crisis:

Physically violent, sexually preoccupied

Substance Use (Street Drugs/Alcohol/Prescription Medications)

Without admitting to current use of substances, I offer the following information: This is the substance(s) that I am or was most likely to use:

Mainly weed, but have used cocaine, crack, heroin, extascy, molly, PCP, mushrooms, Ketamine, k2, LSD, methanphetamine sparingly throughout my life.

I feel and behave this way after taking this drug(s):

weed - i become slightly psychotic

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Part 3. Supporters

In the event that I am in a mental health crisis please contact the following person(s) in addition to any representatives named:

Name	Relationship to self	Phone 1
[redacted]	Lawyer	Phone 2
Name	Relationship to self	Phone 1 [redacted]
[redacted]	Best Friend	Phone 2
Name	Relationship to self	Phone 1 [redacted]
[redacted]	Close Friend	Phone 2

I do not want the following people notified or involved in my care or treatment in any way: Name I do not want them involved because: (Optional)

Name	I do not want them involved because: (Optional)

If I am admitted to a hospital, I will need assistance with the following tasks:

I need (Name) [redacted] To (tasks) Access of Cash.app or venmo to pay my rent and bills

I need (Name) [redacted] To (tasks) Needs keys to my apartment for oversight

I need (Name)_____ To (tasks) _____

I need (Name)_____ To (tasks) _____

I need (Name)_____ To (tasks) _____

I am a caretaker of the following person(s) at home:

Founder of Scarlet Beast: A NJ Non Profit Organization - responsible for team

The following person should be contacted to arrange substitute care:

Name	Phone 1
	Phone 2

Part 4. Medical Information

Primary Care Physician		Phone
Psychiatrist		Phone
[psychiatrist] (The Bridge)		[redacted]
Therapist		Phone
Case Manager		Phone
[redacted] (The Bridge)		[redacted]
Pharmacy		Phone
Insurance Carrier	ID #	Phone

I would like the following health care providers to be notified and consulted about my care:

The Bridge - 212.663.3032(AOT), [redacted] (Director) - [redacted]

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I have the following medical conditions:

Wolfe Parkison White - Treated with two ablation procedures

Colostomy because of life threatening rupture of intestine due to clozaril constipation

Medications/Supplements/OTC (Over the Counter) preparations I am currently using:

Name	Dosage	Purpose
Abilify Maintena (aripiprazole)	400 mg injection, monthly	psychopath with presumed schizoaffecti… (cont. on p.10)
Name	Dosage	Purpose
Lithium	300 mg daily	nutritional value, purposely not blood leveled
Name	Dosage	Purpose
Wellbutrin (bupropion)	150 mg daily	triglyceride, targets most used neurotransmitters,… (cont. on p.10)
Name	Dosage	Purpose
L-theanine	200mg daily	Supplement - precursor to dopamine
Name	Dosage	Purpose
Ashwagandha	600mg daily	Supplement
Name	Dosage	Purpose
More — see p.10		

Medications that have helped me in the past and that I consent to:

Name	Dosage	Purpose
Abilify Maintena (aripiprazole)	400 mg injection, monthly	psychopath with presumed schizoaffective disor… (cont. on p.10)
Lithium	300 mg daily	nutritional value, purposely not blood leveled
Wellbutrin (bupropion)	150 mg daily	triglyceride, targets most used neurotransmitt… (cont. on p.10)
More — see p.10		

Medications that I do not consent to or wish to avoid:

Name or type of medication	Reason Why
ANY SSRI's	ineffective, no need, I use wellbutrion for the triglyceride reasons being an agonist
Any Antagonists and other Antipsychotics	extremely painful, ineffective and causes depression, personally avoid anything that… (cont. on p.10)
Blood Leveled Lithium	its too much lithium, used for supplemental reasons and not to treat bipolar/schizoaff… (cont. on p.10)
Any other Medication	extremely extremly sensitive to medication, clozoril almost killed me and was on life s… (cont. on p.10)

Medications that I am allergic to:

Name	Reaction
Name	Reaction

Part 5: Help from my supporters and hospital staff

Please do the following things that would help reduce my symptoms, make me more comfortable, and keep me safe:

An mp3 player with Carlos Castenada MP3's, a bible, and a heavy load of programming specifically focused on creativity and group discussion. When I am able to help others, I feel better about myself and I do this well in a group setting.

Please AVOID doing the following things while I am in a crisis, as they may make me feel worse:

Restraints, isolation (unless self directed), and authority passes at me, I have oppositional authority disoder and compulsive anger disorder and i can be extremely sophisticated.

Part 6. Home care/Community care/Respite center

If possible, follow this care plan instead of hospitalization:

A respite center or a very short term hospitalization if deemed appropriate.

Part 7. Hospital or other Treatment Facilities

If I am being admitted to a hospital or treatment facility, I prefer the following facilities in order of preference:

	Name	Reason I prefer it
1.	Trenton Psychiatric Hospital, Sullivan Way, West Trent... (cont. on p.10)	My preferred facility if I am incarcerated for a long-term period
2.	Name	Reason I prefer it

AVOID using the following hospital or treatment facilities:

	Name	Reason to avoid it
1.	All others	Preferred for reasons above.
2.	Name	Reason to avoid it

Part 8: Treatments and Therapies

The following treatments and therapies help me when I am in crisis:

Name	When to use this therapy
Name	When to use this therapy

Treatments and Interventions that I do not consent to:

Name	Reason why
ECT, restraints, seclusion, medicatio… (cont. on p.10)	extremely senistiive to medication, doctors have ignored this and almost killed me, I had an ostomy for a… (cont. on p.10)
Name	Reason why

I would like to be permitted to use the following wellness techniques to help me in my recovery:

I am a biblical savant and highly religiously occupied, one thing that really helps is consistent treatment with a chaplain.

One thing that really helps me be less psychotic is ketamine treatments, i find that the short term psychosis experienced from such reduces long term psychotic features, as almost as if the psychosis is flushed from my system with the three minutes or so from the effect of the ketamine.

Part 9: Inactivating the Plan

The following signs, lack of symptoms or actions indicate that my supporters no longer need to use this plan and I am able to make decisions on my own behalf:

Unless I am angry at you, and as someone who claims Jesus Christ, I may indeed have a right to be angry at you and everyone in general, the signs will be pretty obvious anger and extremely large amounts of it isnt abnormal for me, unless I am becoming violent because of it. otherwise it will be pretty obvious to you if i am psychotic and when i am not.

Signature of Declarant:

I, Bryan Ruiz al adult of sound mind, voluntarily make this declaration for mental health treatment.

Signature signature on file Date 09/22/2026

Print Name Bryan Ruiz

Any Mental Health Care Advance Directive plan signed with a more recent date takes precedence over this one.

Witness:

I attest that the declarant signed this document (or asked another to sign this document on his or her behalf) in my presence, and that the declarant appears to be of sound mind and free of duress and undue influence. I am 18 years of age or older. I am not designated by this or any other document as the person's mental health care representative, nor as an alternate mental health care representative. At the time this document is being executed, I am not the responsible mental health care professional responsible, or directly involved with, the declarant's care.

Witnessed by _____ Date _____

Print Name _____

Second Witness:
(A second witness is required if the first witness is related to the declarant by blood, marriage or adoption, or is the declarant's domestic partner or otherwise shares the same home with the declarant; is entitled to any part of the declarant's estate by will or by operation of law at the time the advance directive is being executed; or is an operator, administrator, or employed of a rooming or boarding or residential health care facility in which the declarant resides.)

I attest that the declarant signed this document (or asked another to sign this document on his or her behalf) in my presence, and that the declarant appears to be of sound mind and free of duress and undue influence. I am 18 years of age or older. I am not designated by this or any other document as the person's mental health care representative, nor as an alternate mental health care representative. At the time this document is being executed, I am not the responsible mental health care professional responsible, or directly involved with, the declarant's care.

Witnessed by: _____ Date: _____

Print Name _____

_____This plan has been voluntarily registered with the State of New Jersey Division of Mental Health and Addiction Services Psychiatric Advance Directive Registry, operated and maintained by U.S. Living Will Registry.

If you have any additional instructions or notes, please include them here.

Incarceration: If I am incarcerated for a long-term period, I request to be transferred to

and treated at Trenton Psychiatric Hospital in Trenton, New Jersey, and that every

medication listed in this directive, including my nicotine patches, be continued without

interruption. If I am in New York State, I was advised I can indeed be transferred to NJ

through certain processes and am highly seeking this as a request. I love Trenton

Psychiatric Hopsital, I've spent over 12 years there, and am familiar with the people there

as they are familar with me. Ann Klein is preferred if a high security commitment is

required.

The main purpose of this psychiatric advanced directive is to direct me to Trenton

Psychiatic Hosptial if I am incarcerated long term, whether I am in NY state or the state of

NJ. Medications are important too.

When I am well (continued): even more when someone takes from me. I am normally someone who

claims Jesus Chirst / Antichrist / Samael / Christian Scarlet - this is baseline for me. I

am founder of Scarlet Beast: A NJ Non Profit Corporation which comes from Revelation 17 in

the bible. Revelation 17 is a highly misunderstood prophecy and does not designate I am evil

and i should be measured by my fruits and not by the tree. Revelation 11 is one of the roles

I have self assigned, or have assigned by divine providence, so this should be expected too.

Highly interested in AI in regards to Revelation 13. I believe in a sinless sense of self,

(continued on the attached page)

Psychiatric Advance Directive of Bryan Ruiz — additional notes (continued)

not lusting after others
Effect of substances (continued): cocaine - just become charged heroin - doesnt really affect me too much extascy - extremly open to others molly - doesnt effect me too much until it really affects me and i become incorehent LSD - probably deep psychosis, too long to remember K2 - Can be extremely psychotic from it for very short period of time, then it wears off, have blacked out on it and done things I wished i havent done Meth - extremely psychotic for long period of time Crack - similar to coccaine, just more short term, causes alot of anxiety afterwards PCP - I dont know ketamine - psychotic and puts me in another realm completely LSD - too long ago to remember
Additional supporter: [redacted] (Partner) [redacted]
Additional supporter: [redacted] (Mother) [redacted]
Providers to notify (continued): Unique People Services (Housing) - [name] (Case Manager) - [redacted] , Director ([redacted] - [redacted]) Please notify all these contacts/agencies
Current medication: psychopath with presumed schizoaffective disorder, partial dopamine agonist preferred, strong brain, dopamine deficiency
Current medication: triglyceride, targets most used neurotransmitters, strong brain, heavy usage, narcissitic, non violent psychopath
Current medication: Vitamin D — 125mcg daily, Supplement - very important for communication between neurotransmitters for me, vitamin d definancy from no sun
Current medication: Nicotine patches AND gum — 4mg gum and MAX patches, Nicotine replacement - heavy nicotine and caffeine usage
Current medication: xyprexia — 5mg - 10mg PRN as needed, calm me down if im overwhelmed
Current medication: trazadone — 150 mg PRN as needed, for sleep if needed
Consented medication: psychopath with presumed schizoaffective disorder, partial dopamine agonist preferred, strong brain, dopamine deficiency
Consented medication: triglyceride, targets most used neurotransmitters, strong brain, heavy usage, narcissitic, non violent psychopath
I consent to: L-theanine — 200mg daily, Supplement - precursor to dopamine
I consent to: Ashwagandha — 600mg daily, Supplement
I consent to: Vitamin D — 125mcg daily, Supplement - very important for communication between neurotransmitters for me, vitamin d definancy from no sun
I consent to: Nicotine patches AND gum — 4mg gum and MAX patches, Nicotine replacement - heavy nicotine and caffeine usage
I consent to: xyprexia — 5mg - 10mg PRN as needed, calm me down if im overwhelmed
I consent to: trazadone — 150 mg PRN as needed, for sleep if needed
Reason to avoid: extremely painful, ineffective and causes depression, personally avoid anything that effects estrogen levels
Reason to avoid: its too much lithium, used for supplemental reasons and not to treat bipolar/schizoaffective disorder, i am an Autistic, ADHD narcissitic psychopath with a christ complex
Reason to avoid: extremely extremly sensitive to medication, clozoril almost killed me and was on life support for 15 days
Preferred facility 1: Trenton Psychiatric Hospital, Sullivan Way, West Trenton, NJ 08628

(609-633-1500)
Refused treatment: ECT, restraints, seclusion, medication heavy treatments
Why refused: extremely senistiive to medication, doctors have ignored this and almost killed me, I had an ostomy for a period of 6 to 8 months.

Initials BR