

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

**REQUEST FOR WAIVER OF PERSONAL APPEARANCE;
WRITTEN STATEMENT (RSA 464-A:8, II)**

I/We, _____, represent that the proposed ward, _____, does not express a desire to attend the hearing concerning the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate. I/We certify that a copy of this document has been provided to the parties who have filed an appearance for this case or who are otherwise interested parties.

_____ Date

_____ Petitioner(s) or Counsel for the proposed ward

PHYSICIAN'S AFFIDAVIT (RSA 464-A:8,II)

I, _____, M.D., under oath, hereby depose and say:

1. I am a medical physician at _____, located at _____.
2. The proposed ward, _____, is a patient at _____.
3. In my opinion, the proposed ward should be excused from attending the hearing concerning the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate, because:
 his/her overall physical, emotional or psychological condition is such that he/she is likely to suffer harm if required to attend; and/or
 he/she has no ability to understand the nature and consequences of the proceedings.

_____ Date

_____ Physician Signature (must be in presence of notarial officer)

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____
Date Physician

My Commission Expires _____

Affix Seal, if any _____ Signature of Notarial Officer / Title

ORDER

REQUEST FOR WAIVER OF PERSONAL APPEARANCE IS: GRANTED DENIED

_____ Date

_____ Judge