

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

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

PETITION AND AFFIDAVIT FOR EXPEDITED HEARING
(RSA 464-A:4, IV)

Always complete items 1 and 2 below.

1. I/We, _____, under oath, hereby request an expedited hearing under RSA 464-A:4, IV, and hereby depose and say:

2. In my/our opinion, an expedited hearing for the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate, is necessary for the following reason(s):

MEDICAL EMERGENCY: If the petitioner is a physician and this petition & affidavit is for a medical emergency, complete items 3, 4 and 5 below.

3. Physician Name _____
4. I am a physician at _____
5. I am the physician for _____

I 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 or Physician Signature
(must be signed by person filing in presence of notarial officer)

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____
Date Petitioner(s) or Physician

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

ORDER

Request for expedited hearing is: Granted Denied

Date Judge