

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<https://www.courts.nh.gov>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION FOR GUARDIAN OF INCAPACITATED PERSON

Guardianship is requested for: person estate person & estate

1. Petitioner name: _____

Relationship to ward: _____

Mailing address: _____
Street City State Zip code

Telephone (required): _____ E-mail: _____

Petitioner name: _____

Relationship to ward: _____

Mailing address: _____
Street City State Zip code

Telephone (required): _____ E-mail: _____

2. Attorney for petitioner: _____ Telephone: _____

Firm name: _____ Bar ID #: _____

Mailing address: _____
Street City State Zip code

3. Proposed ward name: _____ Date of birth: _____

Physical address: _____
Street City State Zip code

Mailing address (if different): _____
Street City State Zip code

Telephone: _____ E-mail: _____

4. Name of institution or person having care or custody of the proposed ward: _____

Telephone: _____

Mailing address: _____
Street City State Zip code

5. Has the proposed ward nominated a guardian in accordance with RSA 464-A:10? No

Yes If yes, name of this guardian: _____

Mailing address: _____
Street City State Zip code

6. Attorney for proposed ward: _____ Telephone: _____

Firm name: _____ Bar ID #: _____

Mailing address: _____
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7. List the name and address of the ward's spouse, parents, adult children and adult siblings. For each person listed, write the relationship to the ward. Attach a separate sheet if necessary.

Name	Mailing Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Are there any adults, other than the proposed guardian, who will be living in the same home as the proposed ward? Yes No

If yes, you must provide the court with a completed Criminal Record Release Authorization form and a DHHS Record Release Authorization form for each of those adults within 10 days of the filing of this petition.

9. Does proposed ward have a durable power of attorney? Yes No Unknown
(If yes, a guardianship over the estate may not be necessary)

10. Does proposed ward have a durable power of attorney for health care?
 Yes No Unknown (If yes, a guardianship over the person may not be necessary)

11. Does proposed ward have a living will? Yes No Unknown

12. If applying for guardianship over the estate, briefly describe and provide the approximate value of the estate below:

BRIEF DESCRIPTION

VALUE

Real Estate: _____ \$ _____

Personal Property: _____ \$ _____
(including bank/investment accounts)

Income (include local, state and federal benefits): _____ \$ _____

Debts: _____ \$ _____

13. Guardianship sought will be: temporary not temporary/enduring

If temporary guardianship is sought, state the reasons why a long term guardianship would not be appropriate.

14. The petitioner asks that guardianship be granted to:

Proposed guardian name: _____

Date of birth: _____

Relationship to proposed ward: _____ Occupation: _____

Mailing address: _____
Street City State Zip code

Telephone: _____ E-mail: _____

Proposed guardian name: _____

Date of birth: _____

Relationship to proposed ward: _____ Occupation: _____

Mailing address: _____
Street City State Zip code

Telephone: _____ E-mail: _____

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15. The petitioner requests that the court find the ward incapable of exercising the following rights, namely the right to: (check all appropriate boxes)

- Travel or decide where to live
- Refuse or consent to medical or other professional care, counseling, treatment or service, including the right to admit or discharge the ward from any hospital or other medical institution providing such at the lawful direction of the guardian of the person
- Marry or Divorce
- Make a will or waive the provisions of a will
- Hold or obtain a motor vehicle operator's license
- Testify in any judicial or administrative proceedings
- Grant release of, withhold, deny, or refuse authorization for the guardian of the person to obtain access to and release the ward's confidential records and papers insofar as the same may be reasonably needed by the guardian of the person to ensure that the ward's mental, emotional and physical health concerns are properly addressed and treated
- Possess or manage real or personal property or income from any source
- Make gifts
- Lend or borrow money
- Pay or collect debts
- Manage or run a business
- Convey or hold property
- Cancel, reject or oppose any authority or power granted to the guardian of the estate and/or person
- Continue to act as a member of a partnership
- Initiate, defend or settle lawsuits
- Make contracts or grant power of attorney or other authorizations
- Make decisions concerning educational matters and training
- Other (please specify) _____

NOTE: THE COURT MAY IMPOSE ADDITIONAL ORDERS AS A RESULT OF THE HEARING.

16. As required by RSA 464-A:4, III, a statement must be provided containing facts showing the necessity for the appointment of the guardian of the person and estate, or the person, or the estate of the proposed ward, including specific factual allegations as to the proposed ward's financial transactions, personal actions or actual occurrences which are claimed to demonstrate his/her inability to manage an estate, or to provide for personal needs for health care, food, clothing, shelter or safety. All evidence of inability must be within 6 months and one incident must have occurred within 20 days of the filing of this petition. (Please use additional sheets, if necessary.)

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Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

Name of Filer

/s/ _____
Signature of Filer

Date

Law Firm, if applicable

Bar ID # of attorney

Telephone

Address

E-mail

City

State

Zip code

Verification: I verify the truth and accuracy of all facts alleged within this document to the best of my belief and further verify that all facts contained in this document are alleged in good faith. By affixing my electronic signature to this document I acknowledge my understanding that any false statements made in this document are punishable as perjury which may include a fine or imprisonment or both.

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