

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

Court Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_  
(if known)

**NOTICE OF ADMISSION BY GUARDIAN**  
RSA 464-A:25

1. Guardian name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Ward name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip code

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Case number of the Guardianship petition, if known: \_\_\_\_\_

4. Within 36 hours (excluding weekends & holidays) of an admission of a ward to a state institution or other designated receiving facility, the guardian shall submit to the applicable county probate court this notice of the admission and the reasons together with a copy of the certificate by the physician, psychiatrist, physician assistant, or advanced practice registered nurse, as defined in RSA 464-A:25,2.

A. Date of Admission: \_\_\_\_\_

B. Reason for Admission is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Placement is in the ward's best interest and is the least restrictive placement available.  
**Medical certification is attached to this notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**COURT ORDER**

Notice is sufficient. Counsel for the ward to be appointed within 48 hours of this order.

Notice is insufficient. The court orders the immediate release of the ward from the state institution or other designated receiving facility.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Judge

\_\_\_\_\_  
Printed Name of Judge