

The State of New Hampshire

_____ COUNTY

PROBATE COURT

IN RE: Guardianship of _____

DOCKET NUMBER: _____

PETITION FOR GUARDIAN OF INCAPACITATED PERSON

Your petitioner represents the following:

1. Petitioner name _____ Relationship to ward _____
Address _____ Telephone _____
2. Attorney for petitioner _____ Telephone _____
Mailing Address _____
3. Proposed ward name _____ Date of birth _____
Address _____ Telephone _____
4. Name of person or institution having care or custody of the proposed ward

Address _____ Telephone _____
5. The petitioner asks that guardianship be granted to:
Proposed guardian name _____ Date of birth _____
Relationship to proposed ward _____ Occupation _____
Address _____ Telephone _____
6. Has the proposed ward nominated a guardian in accordance with RSA 464-A:10, II?
Yes No If yes, name of guardian nominated by proposed ward _____
Address _____ Telephone _____
7. Name of attorney for proposed ward _____
Address _____ Telephone _____
8. Name, address and relationship to the ward of the following: spouse, parents, adult children, and adult siblings of the proposed ward.

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

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12. Petition is made for guardianship over the ward's: person estate person & estate

13. Guardianship sought will be: temporary not temporary/enduring
If temporary guardianship is sought, state the reasons why the regular procedure would not be appropriate.

14. Length of time for which appointment of guardian is requested:
indefinite time _____ days _____ months _____ years

15. Briefly describe real estate owned by the proposed ward.

Approximate value of real estate \$ _____

16. Briefly describe personal property owned by the proposed ward.

Approximate value of personal property \$ _____

17. Briefly describe sources and amount of income of the proposed ward.

18. 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

Vote

Have access to, 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

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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.

19. As required by RSA 464-A:4, III, a statement must be provided below 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.)

20. _____ of _____ should be appointed to complete the inventory and appraise the estate of the proposed ward. (Complete only if guardianship over the estate is requested.)

Date: _____

Petitioner's Signature

THE STATE OF NEW HAMPSHIRE

_____ COUNTY DATE _____

Subscribed and sworn to by the above named petitioner that all matters herein contained are true to the petitioner's best knowledge and belief. Before me,

My Commission expires _____

Affix Seal

Notary Public/Justice of the Peace