

**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, \_\_\_\_\_ under oath, hereby request an expedited hearing under RSA 464-A:4, IV, and state that:
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 on this date I provided this document(s) to the parties who have filed an appearance for this case or who are otherwise interested parties by: ☐ Hand-delivery OR ☐ US Mail OR ☐ Email (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

\_\_\_\_\_  
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