4-930. Petition for appointment of a treatment guardian for an adult. [For use with Rule 1-130 NMRA]					
_	NEW MEXICO				
	DISTRICT COURT				
In the Matter of		, SI No			
		OR APPOINTMENT GUARDIAN FOR AN ADULT			
please list:	tioner, tion 43-1-15 NMSA 1978 state	, (if employed at a facility/agency,, phone number:, es:			
1.	Respondent,	, is years of County, New Mexico.			
2.		(name of			
	OR [] in the custody of of institution or facility).	(name			
		munity at			
3. Developme diagnosed	ental Disabilities Code, Sectio	disorder as defined by the Mental Health and on 43-1-3(P) NMSA 1978, and is currently			
4.	The symptoms or behavio	rs that support the diagnosis are as follows:			

5. Respondent is receiving treatment at

facility	/). 	(name of institution or
	OR [] in communit	ty based services.
6. physician, <i>professional</i>		tal health or developmental disabilities professional or (name and address of posing the following course of treatment:
7.	` ,	ondent was administered emergency medications on under Section 43-1-15(M) NMSA 1978.
	nsent to the propose	that Respondent is incapable of giving or withholding d course of treatment, and therefore lacks capacity to lth care treatment decisions.
	ental health or developroposed course of	ts have been made byopmental disabilities professional or physician) to treatment and the associated risks and benefits with
treatment wh	ardian to make subs nich would be in Res	idual or entity has expressed a willingness to serve as a stitute decisions for Respondent about the course of spondent's best interest and consistent with the least the treatment objective:
	Phone Number:	
11.	[] A "contract to a court appoint to a court appoin	

12. Form 4-931 guardian.	Petitioner has provided the proposition NMRA which sets forth the duties a	sed treatment guardian with a copy of and responsibilities of a treatment			
13. designated	13. (OPTIONAL) Petitioner believes that Respondent has the following designated or court-appointed agent(s):				
(name and type of all designated or court-appointed agents).					
14.	Petitioner intends to call the following witnesses:				
capable of n	amed person to serve as a treatme	Court find that Respondent is not treatment decisions, and that it appoint nt guardian for Respondent and to serve			
[] [] [] []	days; months; Respondent's course of hospitalization Respondent's duration of detention or incarceration; or other:;				
but this appointment shall not exceed one year without further court review and shall be for a time period consistent with the treatment needs of Respondent. Petitioner further prays for any other relief as the Court may deem proper.					
	Re	spectfully submitted,			
		gnature of attorney or of self-represented titioner)			
VERIFICATION (To be used only by self-represented petitioners)					
I,, affirm under penalty of perjury under the laws of the State of New Mexico that the information above is true and correct.					
		(Signature and date)			

[Adopted by Supreme Court Order No. 14-8300-013, effective for all cases filed or pending on or after December 31, 2014; as amended by Supreme Court Order No. S-1-RCR-2024-00102, effective for all cases filed on or after December 31, 2024.]