

1 **4-930. Petition for appointment of a treatment guardian for an adult.**

2  
3 [For use with Rule 1-130 NMRA]

4  
5 STATE OF NEW MEXICO  
6 COUNTY OF \_\_\_\_\_  
7 \_\_\_\_\_ DISTRICT COURT

8  
9  
10 In the Matter of \_\_\_\_\_, SI No. \_\_\_\_\_

11  
12  
13 **PETITION FOR APPOINTMENT**  
14 **OF A TREATMENT GUARDIAN FOR AN ADULT**

15  
16 Petitioner, \_\_\_\_\_, (if employed at a facility/agency, please list:  
17 \_\_\_\_\_), phone number: \_\_\_\_\_, under Section 43-1-  
18 15 NMSA 1978 states:

19  
20 1. Respondent, \_\_\_\_\_, is \_\_\_\_\_ years of age and is a  
21 resident of \_\_\_\_\_ County, New Mexico.

22  
23 2. Respondent is currently  
24  a patient at \_\_\_\_\_ (*name of institution*  
25 *or facility*).

26  
27 OR  
28  in the custody of \_\_\_\_\_ (*name of*  
29 *institution or facility*).

30  
31 OR  
32  residing in the community at \_\_\_\_\_  
33 (*Respondent's last-known address*), phone number: \_\_\_\_\_.

34  
35 3. Respondent has a mental disorder as defined by the [~~New Mexico~~] Mental Health  
36 and Developmental Disabilities Code, Section 43-1-3[~~(O)~~](P) NMSA 1978, and is currently  
37 diagnosed as follows:

38 \_\_\_\_\_  
39 \_\_\_\_\_

40  
41 4. The symptoms or behaviors that support the diagnosis are as follows:

42 \_\_\_\_\_  
43 \_\_\_\_\_  
44 \_\_\_\_\_

45  
46 5. Respondent is receiving treatment at



1  
2 13. (OPTIONAL) Petitioner believes that Respondent has the following designated or  
3 court-appointed agent(s): \_\_\_\_\_  
4  
5 \_\_\_\_\_  
6 *(name and type of all designated or court-appointed agents).*

7 14. Petitioner intends to call the following witnesses: \_\_\_\_\_  
8  
9 \_\_\_\_\_

10  
11 WHEREFORE, Petitioner prays that the Court find that Respondent is not capable of  
12 making [his] [her] own mental health treatment decisions, and that it appoint the above-named  
13 person to serve as a treatment guardian for Respondent and to serve in [~~such~~] this capacity for

- 14  
15  \_\_\_\_\_ days;  
16  \_\_\_\_\_ months;  
17  Respondent's course of hospitalization  
18  Respondent's duration of detention or incarceration; or  
19  other: \_\_\_\_\_;

20  
21 ~~[provided that such]~~ **but this appointment shall not exceed one year** without further court  
22 review and shall be for a time period consistent with the treatment needs of Respondent. Petitioner  
23 further prays for [~~such~~] any other relief as the Court may deem proper.

24  
25 Respectfully submitted,

26  
27 \_\_\_\_\_  
28 *(Signature of attorney or of self-represented*  
29 *Petitioner)*

30  
31 **VERIFICATION**

32 *(To be used only by self-represented petitioners)*

33  
34 I, \_\_\_\_\_, affirm under penalty of perjury under the laws of the  
35 State of New Mexico that the information above is true and correct.

36  
37  
38  
39 \_\_\_\_\_  
40 *(Signature and date)*

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